
Reclaiming Social Work? An Evaluation of Systemic Units as an Approach to Delivering Children's Services

Final report of a comparative study of practice and the factors shaping it in three local authorities

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Donald Forrester on behalf of the research team

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- Mike Fisher (Professor of Evidence Based Social Work, Assistant Director, Tilda Goldberg Centre, University of Bedfordshire)
- Barry Luckock (Senior Lecturer, University of Sussex)
- Eileen Munro (Professor of Social Policy, London School of Economics)
- Sue White (Professor of Social Work (Children and Families), University of Birmingham)

This report presents the findings of an evaluation of the systemic unit model as an approach to the delivery of Children's Social Services. The systemic unit model has sometimes been referred to as the "Hackney Model" or "Reclaiming Social Work" (Cross et al, 2010; Munro, 2011a; Trowler and Goodman, 2012). The evaluation is an in-depth comparative description of practice and the factors shaping it in three local authorities. One of the authorities used the systemic unit model; the other two authorities differed but both had a more conventional model for the structure of services. This involved individual allocation to social workers who received supervision from a line manager.

The primary focus of the report is a detailed description of practice in the different local authorities with an attempt to understand the factors that shape good or poor practice. As such, it provides extensive evidence on the likely effectiveness of the systemic unit approach. However, in carrying out the study we have become increasingly interested in factors that shape practice more generally, and we have tried to present evidence and develop theories relating to this. As such, we hope that the report will be of interest not only to those who wish to know more about the systemic unit model but to anybody interested in developing more effective ways of delivering Children's Services.

The report is a large document. The study encompassed the collection of a large amount of data using multiple methods, and much of it requires an in-depth presentation of qualitative data to ensure that the analysis we present is valid and that you as a reader can question our interpretations. A short report aimed at practitioners and managers is available which summarises our findings.

The report is divided into three parts. Part I provides the context for understanding the study. Chapter 1 provides a brief review of recent developments in child and family social work and the contribution of the systemic unit model to current debates about good practice. The difficulties in researching the effectiveness of something as complex as a local authority Children's Services Department are also considered. A model is presented for understanding the ways in which practice is shaped, that sees social work within an ecological framework. Chapter 2 then outlines the theoretical and methodological approach chosen. It outlines the methods for data collection and analysis for each element of data collection, as well as the overall approach to analysis and synthesis and the logic for presenting the findings.

Part II is the heart of the report. It is divided into six chapters and presents the results of the research at different levels, focussing on specific aspects of practice:

Chapter 3 describes the nature of the families and issues presenting to Children's Services, and reports on what social workers do.

Chapter 4 identifies describes the structure and culture in conventional teams and systemic units. It also considers variations between teams and units.

Chapter 5 presents the variations identified at an organisational level, in local authority senior management and structure.

Chapter 6 focuses on the level of individual workers, reporting on the profile of individual social workers.

Chapter 7 focuses on the nature of practice. It includes observations of practice, the views of workers and parents about practice, tests of skills in practice in simulated interviews and case studies of the systemic units in practice. Practice and experiences of practice are compared across the authorities.

Part III consists of a single substantial chapter: Chapter 8, which considers the implications of the findings, including bringing together findings in an evaluation of the systemic unit model approach, identification of key lessons for effective delivery of Children's Services more generally and future challenges for policy-makers, practitioners and researchers interested in developing more effective responses within child and family social work. The discussion includes outlining a "model" for what the key features of the systemic unit model are based on the results of the research, including consideration of the key elements of the approach, how they relate to one another and wider organisational features necessary to deliver it.

1.1 Why evaluate the Systemic unit model?

Child and family social work is currently experiencing a period of unprecedented change, even for a profession accustomed to constant reform. Systemic unit models are important as a response to this change and because they have been argued to be a new way of delivering services that captures many essential elements of good practice in social work. This section briefly outlines this broader policy context in order to understand the potential contribution that the systemic unit model can make and therefore the significance of this evaluation.

Social work in the United Kingdom has almost always been a subject of public concern and reform. Social work has roots stretching back to the 19th century or beyond, but it was formalised as a profession in the 1960s and 1970s with the creation of Departments for Social Services in each local authority, the institution of professional qualifications and the creation of key institutions to support the profession (such as the National Institute of Social Work and the British Association of Social Workers). The next years were characterised by the profession being buffeted by controversies, particularly in relation to child deaths (H.M.S.O, 1974; Parton, 1985; 1992). The constant scrutiny of failure in the form of child deaths was joined during the 1990s by a body of research evidence that raised serious questions about the quality of the service delivered to families, whether it helped children and parents and whether even basic information was adequately gathered and analysed (see for instance Department of Health (DH), 1995a and b).

The belief that there were serious problems in relation to professional practice led, from the mid-1990s, to a series of initiatives aimed at improving practice. At the heart of this reform process were several inter-related centralised, bureaucratic and managerial initiatives. These included the “Looked After Children” materials (DoH, 1995b), the Integrated Children’s system (ICS) (Cleaver et al, 2008), an increase in the use of “key performance indicators” (KPIs) (generally focussed on throughput rather than outcomes), a focus on improved interagency working and more use of centralised inspection to enforce the implementation of such approaches. Perhaps the high-water mark of the bureaucratic response to the perceived and real problems within Children’s Services was the Laming Report recommendations following the death of Victoria Climbié, which listed 106 actions intended to remedy the system (Laming, 2003).

Despite all of this administrative and bureaucratic focus, the death of Peter Connolly, almost within sight of the flat where Victoria Climbié died, acted as a catalyst for

profound change. Laming's report on the death, which to many seemed a call for more of the same, highlighted the profound inadequacy of bureaucratic attempts to resolve problems of professional practice (Laming 2009). Ultimately it is not systems but people – and in particular key professionals - who act to protect children, and it was widely considered evident that a new approach was necessary.

The perceived inadequacy of “more of the same” as a response to the death of Peter Connolly was intensified by widespread disillusionment with such an approach within academic social work, where a body of research identified the centralised reform process as having magnified rather than resolved problems within Children's Services (for instance Broadhurst et al, 2009; Calder, 2004; Shaw et al, 2009; White et al, 2010). The Social Work Task Force articulated many of these problems and identified enhanced professional practice as the key to improved services (Social Work Task Force, 2009; Department for Children Schools and Families (DCSF), 2009). This move to reduce administrative demands and centralised control and to encourage local control and innovation was significantly enhanced by the report produced by Professor Eileen Munro following the new Coalition government commissioning her to undertake a review of the Child Protection system in England (Munro, 2011a; b).

The current focus on increased local control and innovation has led to an appetite for new and innovative ways of delivering services. Probably the most high profile example of such an innovative approach is the “Reclaiming Social Work” approach based on systemic units. Reclaiming Social Work was highlighted by Munro as an example of good practice in her first and second reports (Munro, 2011a; 2011b). As a result several local authorities have implemented the approach or elements of it, with many more interested in doing so. Certainly the systemic unit model offers one of the most radically different ways of delivering Children's Services in many years. At a time when current approaches are widely perceived to have failed, there is much interest in the potential of the systemic units as a way of organising and delivering services.

What is the Systemic unit model?

In the systemic unit model of practice, allocation is to a Consultant Social Worker (CSW) who manages a small “unit” consisting of the CSW, a Social Worker (SW), a Child Practitioner (CP), a Unit Coordinator (UC) and a 0.5 Clinician (C). The family (or child) are worked with jointly within this team, with the involvement of different individuals as considered appropriate. The systemic unit model also adopts a systemic and social learning model for practice (these are specific ways of understanding and intervening with problems in families or individuals, more information on them is provided in Chapter 4). The local authority training and skills development is focussed on these approaches rather than more general “post-qualifying” or other awards.

Conventional social work involves families or children being allocated to a social worker within a team where they are supervised by a line manager who is usually a Deputy Team Manager (DTM) or a Team Manager (TM). In most authorities, teams have a focussed remit, for instance initial assessment work, longer-term work with families, children in care or children who have left care. The nature and extent of this focus tends to vary. It is rare for a local authority to have a specified way of working (such as “solution focussed” or “cognitive behavioural”); in general, there has been much focus on throughput factors (such as when a particular piece of paperwork is completed or how often a child or family are seen) but little attention to how workers work with families.

The Systemic unit model was pioneered in Hackney from 2007 (Durr, 2011, Hackney 2008), with several other local authorities implementing the whole model or elements of it more recently (see for instance, Cambridgeshire, 2012, Isle of Wight, 2011, Buckinghamshire, 2011). Hackney commissioned an evaluation by Professor Eileen Munro and others, published in April 2010 (Cross et al, 2010). This involved use of multiple methods in a novel and insightful evaluative approach described below. In key respects, the current study builds on the strengths of this evaluation while addressing some of its limitations.

Previous evaluation

The previous evaluation commissioned by the London Borough of Hackney was carried out toward the end of the process of moving from traditional style teams to the new units. This allowed comparisons between workers in the units (66 returned questionnaires, a response rate of 57%) and a smaller number in traditional teams (16, response of 13%). It also allowed comparisons of experiences of services before and after Reclaiming Social Work and views on the current quality of the service. As well as current workers, questionnaires were returned from courts (13 responses), a local voluntary agency (who reviewed 44 referrals to them) and an advocacy service for looked after children. Eleven families were interviewed about their experience of services. These sources of data were supplemented by a comparison of Hackney’s key performance indicators (KPIs) and a piece of qualitative research that combined an unspecified number of interviews with staff, 3 focus groups and 4 days of observational study. The insights produced by this element of the study seem particularly helpful and they inform our study design and analysis as discussed in Chapter 3.

The overwhelming tone of the findings of the evaluation was positive. Workers in units rated the quality of the work and the environment as much better than those in traditional teams, and qualitative accounts of previous practice supported this picture. All the independent or semi-independent reports from court and other agencies reported a very encouraging picture of practice, and families seemed generally positive. Hackney did relatively well when most performance indicators were considered and in particular,

the report identified Reclaiming Social Work as associated with reducing the number of children in care and the spend on Children's Services. There can be no doubt that the potential combination of reported improvements in practice with a reduction in costs provides an argument in favour of the Systemic unit model that is likely to be persuasive.

It is important, however, that the robustness of this piece of research is considered carefully before any headlong rush to implement the systemic unit model. As the research team themselves highlight, the samples are small, the response rates are poor (which often means only those with a particular passion are responding) and the comparisons are predominantly between practice before and after systemic units were put in place. Overall, the range of evidence suggests that the systemic unit model is appreciated more by workers and others than the more traditional approach that preceded it, yet there are some elements of the findings that suggest the situation may be more complex. Most obviously, the bulk of the reduction in children in care occurred between 2005 and 2007, and it therefore preceded the implementation of the systemic unit model. There is also the possibility that responses have been shaped by the fact that systemic unit model was a new innovation, with the consequent excitement that accompanied it. At a prosaic level, one of the most important elements of the move to systemic units is not mentioned in the report: all staff in Hackney had to reapply for their positions and a high proportion were not re-employed in the new model. Hackney recruited new, enthusiastic and (perhaps) highly skilled staff. It is at least possible that this affected the responses of staff, and it is likely to be a key element of the overall changes produced.

Taken as a whole, the findings from the initial evaluation of systemic units in Hackney were promising. What seems important now is a more in-depth study that is able to compare processes and outcomes in a local authority using the systemic unit model with those in comparator authorities delivering services in a more conventional manner. This will allow a more detailed picture of the differences between the systemic unit approach and more conventional approaches to delivering services. It will also allow the findings of the previous evaluation to be elaborated upon and tested. The current study reports on such an evaluation.

1.2 Challenges in evaluating Children's Services

The previous evaluation was an innovative attempt to do something that has rarely been done before: to evaluate a specific way of delivering Children's Services. In general, evaluations focus on a specific intervention or service and the outcomes it produces. Children's Services are organisationally highly complex, dealing with a wide range of families and children and providing a diverse range of services. Evaluating such complexity is itself a very complex undertaking. In common with the previous

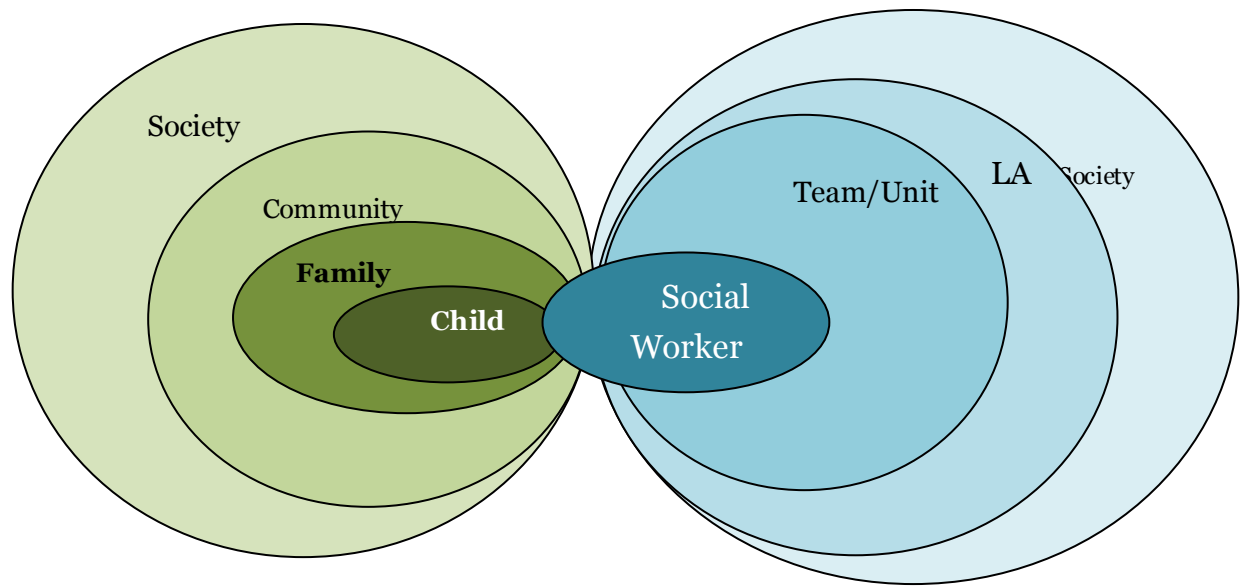
evaluation, we take a systems approach to understanding what is happening within such an organisation, and we use what is termed a “theory based” evaluation as a way of approaching this. In this section we outline our systemic understanding of Children’s Services and the research questions the study focuses on. In the next chapter, we focus on the methodology, outlining the conceptual framework underpinning our method.

Model for understanding social work practice

The model we developed for understanding the factors shaping social work practice was “ecological”. In social work, ecological models are a common feature of theory and practice, and they underlie the Assessment Framework (Department for Education, 2003). In these, the child is seen as operating within the family, within a community, within broader society. It is less common for us to consider the social worker as operating within inter-linked systems. In our study, we identified the worker, the team, the local authority and the national level as influencing practice. Each of these can be considered as “nested” within the next, broader system. These systems interact in complex ways, and important elements within one level of the system will influence how it interacts with another. For instance, an experienced and confident worker will react very differently to being in a stressed team with little supervision than a newly qualified worker; a calm and confident Team Manager may protect their team from a highly stressed local authority context, while an anxious and overworked manager may amplify the stresses experienced by workers. Our analysis identifies key factors at each level likely to increase or reduce the chances of good practice.

It is worth noting that one of the features of social work is that practice operates across two nested, multi-level ecological systems – one of which the worker works within and the other that shapes the child’s world. Social workers typically cross between the two systems, moving from office to family home and back again, indeed this may be one of the characteristic features of the profession (Ferguson, 2011). We have outlined this in the diagram below. In this report, we present data at each “level” of the system surrounding the worker, but it is ultimately the system shaping the child that defines much of the character of social work and our results start with a consideration of this.

Figure 1.1: An ecological model for social work practice



1.3 Theoretical approach and research questions

The study starts with an understanding of the systemic unit model as a complex and multi-faceted systemic reform. This creates important challenges for evaluation. Simply looking at outcomes is unlikely to be appropriate, for several reasons. First, it is necessary to obtain a picture of the most appropriate outcomes to look at. Until this is done, outcome focussed evaluation is premature. Second, for complex systems, multiple factors will influence the outcomes. Put at its simplest, the outcomes for children are not solely produced by the work of Children's Services: they can be shaped by the nature of the neighbourhoods, the availability of other services and (crucially) in the systemic unit approach there is an attempt to focus on more serious cases and work more intensively with them. This makes the case comparisons potentially problematic (as one might expect the families to have more severe and entrenched difficulties). Third, a key aim of this evaluation is to provide information likely to be helpful for policymakers and practitioners interested in whether the systemic unit model could work for them. For such an audience, a conclusion that the systemic unit model "works" (or that it does not) is unlikely to be helpful. Far more important is exploring in some depth what the systemic Unit approach looks like in practice, identifying the key elements in making the model work, describing the particular challenges involved with this approach to Children's Services and then looking at whether the model appears to be achieving positive impacts on families.

To address these questions the study uses a theory-orientated approach. This is discussed further in the next chapter, which presents the Methodology. For now, it is sufficient to note that it uses multiple methods to build up a theory of what the systemic unit model is, how it influences the service received by families and what types of outcomes it is associated with. The ultimate aim is to answer key questions about systemic units as an approach, however first we needed to answer some apparently simple (but, in fact, rather complicated) questions about Children's Services in general.

The study therefore addresses the following research questions:

1. What do social workers do? (By this we meant not just 'how do they spend their time?' but, at a broader level, what types of work do they do).
2. What factors influence what they do?

This then allows us to consider the central research questions for the evaluation:

3. What are the key characteristics of the systemic unit model? In particular, how does it differ from "normal" practice? For instance, the processes that support and create particular social work "practices", i.e. how is social work practice shaped in different LAs?
4. What are the observable differences in the nature of practice? For instance:
 - How often are clients seen,
 - How long are families allocated,
 - What types of service do they receive, and
 - Are there differences in the nature of direct practice with families?
5. What influence does this have on clients? In particular, what influence does it have on:
 - Parental engagement with services?
 - Parental satisfaction with social services?
 - Parental well-being?
 - Child well-being?

6. What impact does this have on social workers? For instance, are they:

- Less stressed?
- More positive about the organisation?

To answer these questions we were fortunate to have an incredibly high level of cooperation from three local authorities (LAs). The next part of the report sets out the methodology for the study, considering our theoretical and practical approach to data collection, analysis and presentation, including the key features of the authorities involved and the data collected.

2 Theoretical and methodological approach

2.1 Study design and method

As noted in the previous chapter, there are serious challenges in evaluating an innovation such as the systemic unit model. Children's Services are an extremely complicated service. First, they have multiple aims. Thus, the requirement to protect children from significant harm and meet their needs is enshrined in the 1989 Children Act, and was supplemented by the five "Every Child Matters" outcomes in the Children Act 2004 (Department for Education, 2003). Yet these are only the most obvious manifestations of a wide variety of requirements placed upon local authority Children's Services. The 1989 Act had 12 volumes of guidance that accompanied it, and successive governments have added to this total in the intervening 20 years (Department of Children Schools and Families, 2008). The existence of such guidance illustrates the diverse expectations from Children's Services: they are intended to deliver multiple types of "outcomes" for children and their families.

Second, Children's Services work with a wide range of children – from those not yet born to young people in their twenties who were in care - not to mention parents, wider family members and other carers. The service is faced with complex family situations that vary from simple financial problems through to complicated patterns of inter-generational abuse. Third, the organisation has multiple levels – from the practice of individual frontline workers, through to the decisions made by senior management or the impact of national-level issues such as Ofsted inspection. Understanding "Children's Services" involves understanding the different levels and how they interact. Fourth, Children's Services do not simply deliver a service, they also assess risk and ration limited resources. Thus, it is not sufficient to focus simply on the work that is undertaken with families; it is also important to look at the processes of allocation and, as far as is possible, consider what happens to families *not* provided with a service. Fifth, there is scant literature on the nature of practice or outcomes for "normal" Children's Services. While there is a rich literature of people's experiences of services obtained through research interviews, a surprisingly limited number of studies look directly at practice and very few attempt to link organisational issues, the quality of practice and outcomes. It is therefore difficult to know how the systemic unit model is performing compared to more traditional models because we know rather little about the effectiveness of conventional models.

There are also specific challenges in evaluating the systemic unit model. These relate to the fact that the systemic Unit approach aims at "whole system reform". It is not simply training in systemic approaches, or a move from teams to units or any other

individual element. Evaluating the systemic unit model therefore requires evaluating the whole system. Furthermore, while the description of the systemic unit approach in documents in the authority that first created it is relatively clear (see for instance, Hackney, 2011; Durr, 2011) the realities of practice “on the ground” may be very different. It would be naïve to assume the systemic unit model simply operates in the way that is described.

Given these layers of complexity, the approach taken has been influenced by theory orientated evaluation (Weiss, 1998). Theory orientated evaluation attempts to provide an in-depth description of the nature of the service, the ways in which different elements are linked and the types of outcomes being produced (see Rogers, 2008; Rogers and Funnel, 2011; White, 2009). In doing so, it proposes a theory about how the service being focused on works, as well as what types of outcomes it produces. This is a challenging task but the intention is that it will provide a more in-depth view of the nature of the Systemic unit model in practice, key elements that make it more or less effective and the types of outcomes it seems to be achieving.

As discussed in the previous chapter, one of the inherent limitations of the initial evaluation of the systemic unit model was that it was based solely on data from the local authority that had pioneered the new approach. The current study attempts to understand systemic units by looking at three authorities: one of which operates using systemic units and two of which have more conventional structures for delivering services. By collecting data from the three authorities we hope we have been able to develop a more in-depth understanding of the nature of the systemic unit model.

Theory based evaluation is methodologically eclectic: all methods can make contributions to developing a theory about what is happening within the organization. We started the process of theory development with extensive naturalistic observation i.e. researchers embedded in teams, shadowing workers and seeing a lot of direct work, meetings and every other element of social work, as described in greater depth below and in relevant chapters. Through this process, we developed a working theory about child and family social work in general and then about each of the organisations and the way they worked.

In addition, we gathered data from several other sources. These are aimed at theoretical (rather than methodological) triangulation. Methodological triangulation tends to be based on the assumption that there is one truth being measured, and that collecting data from different sources will increase the reliability and validity of measures (Bryman, 1998). Theoretical triangulation suggests that data gathered in different ways, from different stakeholders, may illuminate or challenge elements of a theory, thus allowing greater confidence or requiring further refinement of the underlying theory (see Pawson and Tilley, 1997; Pawson, 2013). A similarity between methodological and theoretical triangulation is that where data from different sources is

in accord it tends to support the credibility of the findings; a key difference is that contradictions or conflicts in findings from different sources may help to develop more refined theoretical understandings in theoretical triangulation. Thus, we compared data gathered from surveys of current cases provided by social workers, family questionnaires, interviews with social workers utilising standardised instruments, tapes of social work interviews with actors playing clients and a small number of follow-up interviews with families. These forms of data collection were used to refine or challenge our developing theory as described below.

The evaluation has been particularly influenced by realist theories of evaluation (Pawson and Tilley, 1997; Pawson, 2013). One of the features of Realist Evaluation is that it attempts to link contexts and mechanisms (for change) and the way they interact to produce certain patterns of outcomes. The current study therefore focuses on providing a description of the *context* within which services are delivered in each authority. It then considers in some detail the way in which context shapes *practice*. Here practice is broadly conceived of as the actions that are undertaken that impact on families. As such, practice may be seen as the primary *mechanism* by which Children's Services create changes in families and children. Finally, evidence for particular patterns of *outcomes* related to different practices is explored. This element of the evaluation is particularly focussed on identifying outcomes that might be appropriate for further study, rather than providing strong evidence on the outcomes. The primary "outcomes" which data is collected on in this study are the views of the different participants of the quality of service they are delivering.

A realist approach ultimately attempts to develop sets of causal hypotheses, which link contexts and mechanisms to particular types of outcomes. When developing the current study we decided that the complexity of Children's Services and the whole system change described in this report did not lend itself to such specific hypotheses. Rather we aimed to develop *a theory that described how the Systemic unit model differed from more conventional ways of delivering Children's Services, and how this influences practice*. The development of such a theory is the primary aim for the evaluation. In doing so we also developed a theory about key elements required for the effective delivery of Children's Services more generally. We believe that this theoretical over-view would provide a sound basis for the development and evaluation of more specific context, mechanism and outcome configurations in future studies.

2.2 Development of a theoretical understanding of Children's Services and the systemic unit model

We proceeded to develop and test our theory about the nature of the systemic Unit model through the following main stages:

Creation of an initial model of social work practice within the systemic Unit and more conventional models linking key elements of context, practice and outcomes.

This attempted to describe what the key features of the systemic unit model are and how they work in practice, thereby linking factors that create practice, the nature of practice and the impact on families. It was primarily produced through analysis of observational data, supplemented by the views of the workers in interviews. As discussed below, production of the model was an iterative process in which researchers constantly debated and discussed the data that they were obtaining. It included purposive sampling of specific types of activities if we realised we needed to know more about particular features of either the systemic or the conventional models. This initial phase of the project primarily took place in LA1 and LA2, though the 8 weeks of observations in LA3 proved an extremely helpful opportunity to develop elements of the model.

Testing and refinement of the model through data from multiple

sources. The first stage of testing the model was by incorporating data obtained from parents and social workers. Much of this data yielded similar results to that obtained from observations; some required important revision of elements of the model. For instance, the key issue of caseloads became apparent during this process. This led to a refined model, which incorporated a more complex set of relationships between context, practice and outcomes.

Systematic search for exceptions. The final stage of the analysis involved a systematic search for exceptions. In the qualitative data this was carried out through “discriminant case analysis”, where we searched for examples that did not accord with our developing theory about what was happening in the systemic unit model. We also discussed our findings with senior managers in two of the authorities (one did not wish to do so), and they made helpful comments and criticisms. These served to highlight the importance of specific contextual features for understanding the data we had collected. We incorporated this into our data presentation and analysis.

Data was collected from different stakeholders in order to allow multiple perspectives to be considered and insights into different levels of the organisation. A mixture of qualitative and quantitative data methods were used to allow comparison and test findings gathered in different ways. Thus, for instance, we observed workers and noted differences in the ways that social workers spent their time across the authorities. This difference was substantiated in the interviews with workers. This provided a picture, consistent across different sources, and therefore seemed relatively robust. Conversely, there were some instances when our observations did not accord with data gathered from other sources, or even when data collected from the same source conflicted. For instance, as you will read in the results chapters a key measure of social worker burnout did not accord with either our observational data or a different instrument measuring

emotional well-being of workers. As a result we amended our description of the relationship between worker stress, organisational structure and the more enduring concept of “burn out”. Collecting data from multiple sources using different methods provides an opportunity to undertake a richer analysis and we hope a more nuanced and accurate picture of the complexities of practice in the different local authorities is the result.

In the rest of this chapter we present detail on our data collection and analysis, as well as our overall approach to synthesizing data and theory development. However, before doing so we briefly outline the key features of the three participating local authorities. Greater detail is provided in relation to the authorities in the Results chapters, particularly Chapter 5. Here a summary is provided so that the data collection and analysis in the rest of the chapter can be contextualised.

2.3 Brief overview of the three local authorities

LA1 is an inner London borough with a total population of just over 200,000. It has some of the highest levels of deprivation in the UK. The ethnic profile of the borough is very varied, with major groups including white and black British, black African and Black Caribbean as well as children of mixed heritage. LA1 Children’s Services are organised in an innovative way, which in this report we refer to as the systemic unit model. That is why the authority was chosen for the study. The model involves small units consisting of a Consultant Social Worker (CSW), a social worker (SW), a child practitioner (CP), a Unit Coordinator (UC) and a 0.5 Clinician (C). Work is allocated to the Consultant in a unit, and then members of the team work together on cases. Workers are trained in “Systemic” ways of working. This is discussed further in Chapter 5 and the final chapter. Here it is sufficient to note that systemic approaches are a specific way of conceptualising family issues and interventions that has a long history in social work and therapeutic settings. It conceives of problems as being within interacting systems rather than as belonging to individuals, and therefore interventions are aimed at changing systems’ functioning. The family is a “system”, and is embedded within a variety of other systems. In LA1 work within Children’s Services was dealt with initially by a First Response service, which prioritises referrals. Families requiring further assessment work were passed to Assessment units. Other work is provided in units devoted to working with families in the community (Child in Need units (CiN)) and units for looked after children (LAC), leaving care and children with disabilities (the last of these not part of this study).

LA2 was chosen to be part of the research because it has many similarities to LA1. It is a London borough that is geographically close to LA1, is of a similar size and has a broadly similar level of socio-economic problems. Ethnicity in LA2 is somewhat different

from that of LA1, with a higher Asian population. The senior manager who agreed to the research taking place told us when setting up the study that there were no serious problems in the authority and none had been identified in recent Ofsted inspections. She was interested in learning more about systemic units and thinking about their applicability to parts of her organisation. This was her motivation for LA2 taking part. In LA2 at the time of the study, social work was organised in a relatively conventional structure. Workers were in teams of 12-15 workers, with a Team Manager and usually Deputy Team Managers. An Assessment team covered the work that in LA1 would be dealt with by the First Response and Assessment units. Two large Child in Need teams dealt with a similar range of work to that dealt with by CiN units in LA1, while specialist teams covered looked after children and leaving care. Some examples of all of these were observed, with the focus usually being on specific supervision groups within teams (i.e. a Deputy Team Manager and the workers they supervise). During the course of the study, LA2 had two Ofsted inspections. The first raised concerns about assessment but found the rest of the service to be adequate. The follow-up inspection suggested services were generally adequate. The Ofsted inspection led to Assessment services withdrawing from the study at short notice as major changes were put in place to address the Ofsted concerns. This reduced the number of workers interviewed in the LA and prevented our ability to carry out observational analysis in Assessment teams.

The Ofsted inspection led us to seek a third authority. We did this for two reasons. First, we wanted to get a picture of assessment teams in a more conventional model and with the changes in LA2 this was not possible. Second, given that Ofsted had raised concerns about elements of practice in LA2 we wanted to have a local authority with a good reputation as a comparison. We were fortunate that LA3 agreed to take part. They did this as part of their commitment to being a research-informed “learning organisation”. While having no specific interest in the systemic unit model for their authority, they did wish to find out more about the impact of their own current restructuring. Due to the circumstances in which they joined the study LA3 only had observations for 8 weeks.

LA3 is a unitary local authority, in a large town in the south of England. The population is similar in size to that of the other LAs. Overall levels of deprivation are not as high as those for LA1 or LA2, however this is due to a wider range of incomes. There are substantial areas of poverty and significant social problems. LA3 has a very varied ethnic profile, with a higher Asian population than LA1. Assessment was undertaken in a large team of 20 workers split into 3 sub-teams led by Deputy Team Managers. Services for children in need and looked after children were provided (at the time of the observations) in five Neighbourhood teams. Neighbourhood teams had two Team Managers: one a trained social worker and the other a manager who is not qualified in social work. Each supervised a separate group of workers, who by the time of our research effectively operated as different teams. This change had only happened recently

and the fact that we observed practice in LA3 during and immediately after an important restructuring influenced much of what we observed. We discuss this at length in the relevant results chapters. In the Neighbourhood social work teams, social workers covered most aspects of work, including children in need, looked after children, and those being placed for adoption. Specialist teams covered children with disabilities and long term Looked After Children. These were not part of this evaluation. Neighbourhood teams had eight to ten social workers and possibly one or two student social workers at any one time.

2.4 Overview of data collection

Data was collected from June 2011 to April 2012 in LA1 and LA2, and from January to March 2012 in LA3. In each authority teams or units were provided for the research by the authority. In practice this resulted in a combination of teams and units that volunteered to take part or that were volunteered by the authority. It is likely that this influenced the findings. A relatively high proportion of teams and units for each authority were involved in the study and therefore the study is not simply of “star” teams/units, nonetheless it is possible that in each authority teams or units with problems were not entered into the study.

This section provides a brief overview of sources of data. The volume and source of data collected is set out in Table 2.1. This is followed by a section describing the process of comparing and collating data from multiple sources.

Data was collected from five different sources:

Observational study: In-depth observational study of practice, including time spent in social work offices and accompanying social workers on visits supplemented by informal interviews.

Tapes of simulated practice: Workers undertook a recorded 30-minute interview with an actor playing a client (a simulated client or SC). This focused on a moderately challenging child protection scenario. SC interviews were undertaken in LA1 and LA2. These provide a standardised test of practice skills that allows direct practice skills to be tested independent of variations in the nature of cases across authorities.

Social worker interviews: A research interview was carried out with each worker in the sample, focusing on their background and descriptive characteristics, their evaluation of their own work and of their local authority and the use of standardised instruments for rating their work satisfaction, level of “burn-out” and current stress (the Copenhagen scales and General Health Questionnaire (GHQ-12) respectively). In addition, administrators (n=4) and Unit Coordinators (n=7) were interviewed for

qualitative data about the nature of their role. As noted above, in LA3 data collection happened while the structure of teams was being changed. Four interviews with non-social workers from the integrated teams were undertaken. These are included in qualitative analysis but excluded from quantitative analysis, as it was decided that their insights were relevant for qualitative data analysis, but their responses were not appropriate for quantitative comparison. This decision is touched on where relevant in the findings.

Anonymised social worker survey for each family (social worker survey):

Workers in the units/teams being studied completed a brief anonymous questionnaire for each family they were currently working with. This considered the presenting needs and level of risk in the family. In LA2 and LA3 this was completed by the allocated worker. In LA1 it was given to the Consultant who gave the questionnaire to the worker who had most contact with the family.

Family surveys: Parents in all allocated families in the study units/teams were sent a brief survey asking for their evaluation of the social work service that they were receiving. This replicated elements of the assessment of need completed by workers and also asked for their evaluation of key elements of the service received. Where both were returned (n=60) comparison of worker and family surveys allows the level of agreement between worker and family to be explored.

Table 2.1: Data Sources for Study

	LA1	LA2	LA3	Total
Observational	c.6 months	c. 6 months	8 weeks	40 weeks
Social worker interviews	40	27	38	104
Survey for families currently allocated	26	12	29	67
Survey of social workers for currently allocated families	131	66	228	425
Tapes of simulated practice	20	14	No	34

In LA1 whole units entered the study. In LA2 supervision groups, which were workers supervised by a single Deputy Team Manager and therefore roughly half of a larger team, were the focus of study. In LA3 the whole of three neighbourhood teams entered the study and two of the three supervision groups in the Assessment team. As a result, while less observational data was collected from LA3, and some other types of data (such as simulated client interviews) were not collected at all, LA3 had the highest proportion of all staff interviewed.

In LA1 ten units entered the study: four CiN and two each of the Assessment, Looked After and Leaving Care units. This was about a third of these types of units in the authority (there were 11 Assessment, 10 Child in Need and 10 Child Looked After or Leaving Care units). First Response and Disability units were not included. Consequently around a third of workers involved in Assessment, CiN, LAC or Leaving Care took part in the study.

In LA2 two large Assessment and two large Child in Need teams covered the authority. There were two Looked After Children teams and one Leaving Care team. Half of each of these teams took part in the study, meaning that approximately half of the relevant workforce had data collected from them

In LA3, three of the five neighbourhood teams and two-thirds of the Assessment service were interviewed and had data collected. As a result even though the authority had the shortest observation period, our data involved the most research interviews.

2.5 Data collection and analysis by data source

Observational study

Six researchers spent a total of 46 weeks observing practice in LA1 and LA2. A shorter period of 8 weeks was spent in LA3. Observational data collection involved time spent in a team or unit observing workers in the office, attending meetings and shadowing workers where parents and workers agreed. This process allowed researchers to observe all aspects of the functioning of the office, including unit and team meetings, supervision and numerous informal discussions about the work. Researchers also observed around 60 meetings with clients, plus numerous inter-professional meetings including child protection case conferences, looked after child reviews, core group meetings and strategy and planning discussions. Observation was supplemented by informal interview or discussion with workers to understand what was happening, why and what workers thought of it. There were several hundred informal interviews, usually relatively brief and related to a specific piece of work but often longer and more in-depth.

Data was recorded primarily through extensive notes taken during and immediately after observation. With the permission of the worker and parents a few interviews (n=19) were taped and listened to subsequently for a more in-depth understanding of interactions in practice. Notes on observations initially ranged very widely with researchers instructed to capture as much of what they observed as possible, including factual descriptions, their thoughts and feelings about what they observed and ideas for making sense of their observations. Data gathering was subsequently shaped by the theories developing during data analysis. This might be because one question had been

adequately explored and another now presented itself or because it had not been possible to formulate a working theory that answered a specific question to our satisfaction and therefore further observations were required to address this. An example of the former was the progression through the questions outlined below. While not a simple linear process, so much as an iterative one in which initial questions were returned to repeatedly, nonetheless the gathering and analysis of data proceeded through stages that focussed primarily on the questions as outlined below in sequence. An example of the data gathering being focussed by an inability to answer a question was when in early observations it became obvious that private supervisions were a key forum for case decision-making. It then became necessary to observe worker supervisions to develop a fuller understanding of decision-making processes.

Data gathering and analysis were not entirely separate. Analysis occurred during observations and writing-up with each worker encouraged to theorise about what they were seeing and to try to understand it. The key forum for the analysis of the observational data was the regular (approximately fortnightly) researcher meeting. These acted as opportunities for researchers to share experiences verbally and through reading one another's notes, to discuss and debate similarities and differences in data observed and to develop and refine answers to the key research questions. The meetings proved lively forums for debate and disagreement, with different researchers based in different teams in the same LA sometimes having very different perceptions. Often a draft paper of ideas from the discussion would be prepared and circulated afterwards for email comments prior to the next meeting.

Observational data collection, such as that typically involved in ethnographic research, usually involves one researcher. We felt we were fortunate to have a team of researchers. This created a constant discussion aimed at understanding what we were seeing. It helped in avoiding a fixed focus and often undermined the ideas of individuals within the group. It did not prevent the need to carefully examine the analysis we developed, but we certainly found it to be helpful.

As noted above the process of analysis focused on developing answers to a series of questions. This was not a simple linear process, and we often returned to refine or question our answers to some of the earlier questions, but it did provide a rough order for the development of our thinking in relation to the observational element of the study. The following questions structured our data collection and analysis:

1. *What do social workers do?* This involved an in-depth description of the families worked with and the things that social workers did.
2. *What factors influence what social workers do?* We attempted to understand variations in practice that we observed. We tried to move beyond the concept of a "good" or "bad" worker to understand the

ways in which types of practice were shaped by attributes of the worker, their team and the LA. One of the outcomes of this analysis was our overall “ecological” conceptualization of the work undertaken.

3. *What are the key characteristics of the systemic unit model? In particular, how does it differ from “normal” practice?* Building on the descriptions above, we identified the key elements of systemic unit model as observed over 6 months. In particular, we developed a description that contrasted it with a more conventional hierarchical approach to service delivery.
4. *What is the impact of the systemic unit model on practice?* While results in this respect are necessarily provisional, particularly given the qualitative nature of much of the data, there were some clear differences in practice. We tried to describe these and understand them in the context of the answers to the questions above. This provided a tentative model or theory for understanding what was going on within the systemic unit model.

Having outlined descriptive theories in answer to the above questions, as noted briefly above, we then tested our theories in two ways. First, we compared the findings that we obtained from other data sources, such as interviews with social workers or questionnaires from parents. In general, these tended to reinforce our descriptive analysis, thus for instance we observed high levels of stress and this was also found in the standardised instruments used in interviews with social workers. Nonetheless, some elements of our model needed to be adjusted in light of findings from other sources. In one instance, (namely the “Burnout” measures) we simply had to note some inconsistency in the findings and allow readers to evaluate the significance of the findings.

Second, having completed the first overall initial analysis we moved to the second stage of the evaluation process previously outlined, namely the testing and refinement of our model of social work practice. We re-read our observations systematically looking for exceptions in the data. Where these existed, we either further refined the model or agreed to present them as exceptions or anomalies. This process involved the provision of multiple drafts of the report by the lead researcher, with comments and critique from the other researchers. We also benefitted from feedback from senior managers in two of the authorities and this helped refine some of our more general comments. We hope thereby to have ensured that we have done justice to an exhaustive and extensive process of observational study.

The potential limitations of observational data in evaluative research are discussed at the end of the chapter.

Audio recordings of simulated practice

In order to provide a “standard” test of practice, workers in LA1 and LA2 undertook a practice interview with an actor playing a client in a challenging child protection situation. One of two similar practice vignettes was used. The interview took place in the interview rooms of the social work office. The actors were selected from social work students during an interactive workshop which prepared them for undertaking the scenario. Following preparation, their primary directive was to respond to how the worker talked to them. Workers rated both the vignettes and the actors as highly realistic. The advantage of the use of such vignettes is that it allows a comparison of skills across the two local authorities.

We developed four key dimensions for rating the quality of social worker communication in child protection work. This was done through the following stages. A literature review of key social work texts was carried out to identify key elements of social work communication skills. This review proceeded until theoretical saturation was achieved, that is until textbooks were not generating any further elements of skilled communication. We then developed ratings scales for several key attributes of effective communication. These were piloted and refined on a six interviews from a previous study. We then coded 19 interviews independently to test for inter-rater reliability and for the relationship between variables. Only measures which had (a) a high degree of inter-rater reliability ($r > 0.7$); (b) a useful degree of variation between workers (we did not use variables where all workers tended to be the same, such as “raised concerns” for instance) and (c) which could be distinguished from other variables were used in the full analysis.

This left four variables that were coded:

- Clarity about concerns
- Empathy
- Warmth
- Recognition of strengths

All interviews were then coded by a researcher who was blind to which local authority workers were in. Results are presented in Chapter 7 (Practice across the authorities).

Social worker interviews

We interviewed all workers in the sample units and supervision groups in teams: a total of 104 workers from the three local authorities: 40 in LA1; 26 in LA2 and 38 in LA3.

Workers were asked about the following:

- Background information, including job title, qualifications and training
- Their experience of practice, including their ratings of satisfaction with their own work, the support they received for practice and the best and worst things about working in their social services.
- Work with families, i.e. what social workers do. They were asked to complete a diary of how they spent the previous full working day and how many children and family members they met over the last working week.
- Experiences of ways of working with families. This included what therapeutic methods workers used, if any, and how often they used those methods. Workers were also asked about their strengths and limitations of working with families.

Within the interview workers completed the following widely used standardised instruments:

- The GHQ-12 (Goldberg, 1974), a measure of general well-being and stress
- The Copenhagen Organisational Scales (Kristensen et al, 2005), which provide measures of worker job and organisational satisfaction and burn-out.

Analysis

Quantitative data: We describe the demographics of the workers as frequencies and percentages, or means and standard deviations. We analysed differences between local authorities using one-way between-groups ANOVA and Tukey HSD tests. Where numbers were too small to allow three way comparisons LA1 was compared with the combined scores for LA2 and LA3 (as the non-systemic unit model local authorities) and independent sample t-tests were used.

Qualitative data: The primary qualitative data was the views of workers about local authority. These were grouped into themes by a researcher. The groupings were then read by a second researcher and where there were differences in the codings these were discussed and resolved. This provides a relatively simple description of the views of workers on each authority. In addition, at various points where appropriate quotes from particular themes are used in the text to illustrate more general observational points.

Surveys completed by families and workers

Family surveys

Each local authority compiled a list of families and their corresponding workers, and surveys were sent to those families by administrators in each authority with an accompanying letter from the local authority, an information sheet about the research and a stamped self-addressed envelope (SAE). Initially, non-responses were followed up with one phone call by a local authority administrator, however it became apparent that this had virtually no impact on response rates while being a considerable extra task for administrators and so this was stopped. A £5 retail voucher was sent to those families who returned a survey and who chose to provide an address. In one team in LA2 an administrator did not log accurately the number of allocated cases, which makes calculating response rates problematic for the family survey and social worker questionnaires for LA2.

Parents of all families within every allocated team in each of the three Local Authorities were asked to complete surveys to obtain information about the following:

1. Descriptive information
2. How many adults and children live in the household
3. The ages of the children and the ethnicity of the eldest child
4. The age and relationship to the children of the respondent
5. A list of possible reasons why social services were involved with families was adapted from those used by the UK government in getting returns from authorities. Parents were asked to rate how much of a problem this was for them on a scale of 1 to 4, where 1 was 'not a problem', 2 was 'a bit of a problem', 3 was 'a problem' and 4 was 'a big problem'. Scores were added together and averages calculated for each local authority. Lower average scores indicate less of a problem in that particular area. Where the respondent had left a question unanswered, a 1 (for 'not a problem') was entered by the research team. For the purposes of analysis, responses were also converted into binary form to create a

dichotomous measure, where '0' was entered for 'not a problem' and '1' was assigned to the other three responses.

6. Parents were asked to complete boxes to indicate how many months they had had a worker for, how many times a month on average they met with a worker and how many different workers they had seen in the past twelve months
7. Parents were also given ten statements evaluating the service received and were asked to rate how strongly they agreed or disagreed with the statement (strongly disagree (1); disagree (2); neither agree nor disagree (3); agree (4) or strongly agree (5)). These ratings were added together and higher scores indicated that the respondent was more satisfied with the service they had received from social services. This was only carried out in LA1 and LA2.
8. A final open question allowed parents to make further comments about Children's Services.

Social worker survey for each allocated case

Workers were asked to complete a corresponding survey questionnaire for allocated families. Surveys were sent out to all families allocated for long-term work. In addition, families allocated for assessment in LA1 were included. (The intention had been to include the equivalent teams in LA2 but when these teams withdrew this was not possible and there was insufficient time to carry out this element of the study in LA3). When the data was analysed it became apparent that in one of the teams in LA2 the administrator had not sent out questionnaires to all families. Where this may have affected findings it is noted.

A difference between family and worker surveys was that workers were also asked an additional question about the statutory base for allocation. The survey also asked social workers about 5 additional issues: physical abuse; emotional abuse; neglect; sexual abuse and domestic violence.

With regard to reasons why social services were involved with the family, social workers were asked to rate and assess: first, their knowledge of the family and secondly, how they thought the family would respond to the same questions.

The social worker responses were compared to the actual responses from families to ascertain the degree of correlation between answers to give an indication of agreement about issues in an allocated family.

Analysis

- From a total of 536 surveys sent to every family in the study, 67 completed surveys were received and used in the analysis, giving a response rate of 12.5%
- From a total of 536 surveys handed to workers for each family, 425 completed surveys were received and used in the analysis, giving a response rate of 76.8%
- Further dyad analysis was undertaken for the 61 pairs of surveys where both the family and corresponding worker completed the survey.

We looked at themes arising from the feedback from both families and workers through a simple thematic analysis.

2.6 Strengths and limitations of the data

There are important limitations in the data presented here. Rather than considering limitations for each type of data collected, some general types of limitation are presented and considered in relation to various types of data collected. The main limitations are:

- Limited number of local authorities
- Response bias
- Small numbers, particularly for outcomes data
- Confirmation bias in qualitative analysis

Limited number of local authorities

The systemic unit model in LA1 is compared to two other authorities. Inevitably the choice of authorities affects the findings. Systemic units were well established in LA1. Other authorities will have different experiences of the approach, and factors within other authorities will shape how the systemic unit model functions in practice. Systemic units in LA1 cannot therefore be taken to represent the experience of this approach for every authority. Even more importantly perhaps, the comparison authorities affect our findings profoundly. LA2 was selected as it offered a reasonable comparison to LA1 on a variety of criteria (it was close, of a similar size and demographic profile). The senior manager felt there were no serious problems in relation to practice and we were not aware of any other information, such as Ofsted inspections, that suggested that was incorrect. Unfortunately two months into our study an Ofsted inspection identified

serious problems, and precipitated a variety of changes that influenced our findings profoundly.

LA3 agreed to take part in the study explicitly because they were going through considerable changes. They wanted to develop a better picture of practice and the factors shaping it as part of their commitment to being a research informed organisation. In contrast to LA2 the Ofsted inspection for LA3 was positive. Yet the period of our observation was one of great changes as outlined at length in the results section. These influenced the organisation and therefore our findings profoundly.

In an ideal world perhaps it might be possible to compare stable authorities where the only difference was the structure of the service. Our experience in this study suggests that that may be a rather difficult undertaking: change seems endemic in modern Children's Services. Ultimately, we have attempted to describe and take into account the differences between the authorities and the contexts of our data collection as much as possible, using a mixed method design and a reflective approach to data collection and analysis. Yet ultimately there are many other factors that may influence the comparative data we explored in the study.

Response bias

The tendency for elements of the data to be self-selecting and therefore bias the findings is a potential issue across various elements of the data collected. First, all the units and teams were a mixture of volunteers and units/teams told to take part by management. One might therefore expect involvement of more highly functioning units or teams. Risk of this biasing findings was reduced by the fact that we observed a high proportion of all the units/teams available, and while there may be an element of selection bias this was not a matter of just observing one or two outliers or "stars". This potential problem was further mitigated by the open plan offices and our consequent ability to observe informally practice across most of the teams and units in all 3 LAs. It is nonetheless possible that higher functioning units or teams were identified, or at least that ones with significant problems were avoided. This may have influenced our findings.

Similar considerations might have influenced the Family Questionnaires; one might expect families who had unusually positive or negative experiences to respond to the survey. It is also possible that families with more serious problems (e.g. chronic drug use) were less likely to return questionnaires. However, this was checked for and statutory basis of allocation, presenting problems and type of abuse/neglect showed no statistical differences between the sample of parent completed interviews and the larger sample of social worker ones. There is therefore on the face of it no reason to believe that this influenced the comparisons between LAs, but it is possible that the returned questionnaires may not be representative of families receiving a service in ways that

were not captured by the questionnaire. At the least one would expect parents where English is a second language or with literacy problems to be less likely to have returned the questionnaires, despite the efforts made to engage these groups. There is no reason to think these variations would be different across authorities.

Small numbers, particularly for family data

There are elements of the data collected that involved relatively small numbers. This is particularly true for some of the data on family data. The family surveys are comparatively small numbers, and some of the data from social workers that solely compares LA1 and LA2 relies on relatively small samples. As a result care needs to be taken in drawing conclusions from these elements of the study.

Confirmation bias (particularly in qualitative analysis)

A problem for any type of research, but perhaps particularly a study such as this one that is “close to practice” and that relies heavily on qualitative data analysis, is that the analysis of the findings may be biased. This is most obviously a risk in relation to qualitative findings, as these rely more on interpretation, but it can be an issue for quantitative data too.

“Bias” in this sense is when the views of the researchers influence the analysis and presentation of the data, rather than the development of understanding being based on the data collected. This may arise in several ways. The most obvious danger is that as an analysis develops, difficult data or exceptions are ignored in favour of the development and presentation of a coherent narrative. The researchers in effect become wedded to a picture of the area being studied and “bend” or even omit data to fit this picture. There are other factors that have the potential to create bias. The study was independently funded, but it relied on the goodwill of senior managers and workers in all the LAs. Relationships develop and offending people may seem difficult. This might potentially bias the analysis or presentation of findings. Pre-existing biases can influence a study in myriad ways. Most obviously, carrying out research takes time and energy. It is impossible to carry out a study from a position of true neutrality. Certainly that was not the case for this study. The research team (or at least the lead researcher) were interested in systemic units as an interesting and innovative way of working. Such an interest was logged long before the study was conceived in letters to Community Care calling for careful evaluation of the “Reclaiming Social Work” model which is closely associated with systemic unit working. We outline below steps taken to address confirmation bias.

Strengths of the study

The study has important strengths. First, data were gathered from different people involved in services (such as social workers, families, administrators and managers). The idea was not to produce “triangulation” with a view to a single “true” set of results, but to deliberately collect data from different stakeholders in order to identify both areas of agreement and areas where there were important differences in perspective. Second, the study gathered data in multiple ways. Thus, data from observations, interviews, standardised instruments, questionnaires and simulated interviews were gathered. For understanding a service and evaluating its outcomes there is no one way that is best or right; explicitly gathering and analysing data in different ways created the opportunity for the process of analysis to produce contradictory or challenging findings. Where data from multiple sources gathered in different ways tended toward a single understanding of a service then it increased our confidence in our interpretation. Where that was not the case, we attempt to highlight and discuss possible reasons for the differences.

A third strength of the study is that while some elements of the study rely on limited data, there are important other elements that are based on substantial data sources. The study is based on some of the most extensive observation of social work practice undertaken in the UK. The social worker survey of 425 families is a large number of questionnaires, and the 104 workers interviewed is also a large sample. While care should be taken in interpreting findings from small samples, these larger data sources provide information that can be more confidently interpreted.

Fourth, the study design and analysis was set-up to address issues of “bias” in a variety of ways. The process of analysis and interpretation of findings explicitly encouraged debate and disagreement. For instance, many of our discussions focussed on why some teams or units appeared to work differently to others, or why researchers had very different interpretations of the same LA. We attempted to encourage such debate and discussion, explicitly believing that understanding different perceptions of the data was a key element in developing a rich evaluative picture. Indeed, one of the strengths of this study as observational research is that it relied on a team approach. While – primarily for practical reasons – most ethnographic studies in social work and elsewhere have involved an individual worker making sense of a specific setting, we found that a team of workers discussing and debating enriched the process of understanding and model development, not least because it encouraged dissent and avoided easy and overly-simplistic formulations.

We also explicitly built in processes to address bias. In particular, “discriminant case analysis” involved researchers reading through the extensive notes on practice and trying to find exceptions. Where these were found our model was modified and some elements were withdrawn altogether.

2.7 Presentation of the results

An early draft of this report presented data in the conventional manner, with data reported separately for different elements of data collection (e.g. observational data, surveys of families etc.) results. This proved an unwieldy way of presenting findings as the nature of the results were related to one another in complicated ways. For instance, the social worker interviews included data on their own welfare, their views of the service, their ratings of practice and how they spent their time. These each needed to be linked to other sources of data. Ultimately we did not feel that this was easy to follow for the reader or an adequate representation of the actual process of the research.

Instead the following chapters presenting the results are generally themed around specific areas. Some rely largely on data from one source. Others bring together a variety of different sources of data to attempt to illuminate specific issues. Overall, they attempt to move toward a theory outlining the key elements of the systemic unit model. The results are presented in five main chapters:

Chapter 3 considers the general nature of the families allocated in Children's Services, and describes what social workers do in working with such cases. This chapter in many senses provides the context for understanding everything else.

Chapter 4 describes the ways in which units and teams operate. It provides a more in-depth description of differences in the contexts in which services are delivered. Major differences in the structure and culture found in teams compared to units are outlined. Variations between teams and units are also considered.

During the presentation of findings in Chapter 4 broader organisational differences arise as an important difference between the authorities being studied. These differences are those that shape practice but that are not particularly closely related to the team or unit structure. Chapter 5 considers these, highlighting both practical differences and different organisational drivers that shape what happens in local authorities.

Chapter 6 looks at individual workers. It presents their levels of satisfaction and stress and their views of the organisations that they work in.

Chapter 7 is focussed on practice in the three different authorities. It synthesises data from a wide variety of sources to describe what differences in practice were identified across the three authorities.

Following these chapters presenting different elements of the findings from the study, Chapter 8 turns to discuss their implications.

3 Describing the work of Children's Services

This first chapter of the results considers common features across all three local authorities. It has two parts. The first of these outlines the types of issues that present to Children's Services – the needs they are there to deal with. The second provides a descriptive account of what social workers do.

Those who work in Children's Services may find that this chapter simply describes your everyday working world; indeed, we would hope this to be the case. We are, in a sense, holding a mirror up to local authority practice. Yet it is important to spend some time describing the nature of the work of Children's Services. It is difficult to understand many of our other findings – from the high levels of worker stress to the levels of violence from families – without understanding this context. It is also worth noting that this data was gathered and analysed by a team of seven researchers, only two of whom are qualified social workers. Perhaps the most consistent response of the non-social work researchers was amazement and indeed shock at the intensity and complexity of the issues that social workers were dealing with. Even for those of us familiar with child and family social work, it is worth reminding ourselves about this broader context that we often take for granted.

As noted in the description of the sample in the previous chapter, there were differences in the functions of teams across the three authorities, and data collection included observing initial assessment teams, work with families who were allocated social workers for ongoing work, work with looked after children and with young people who had left care. This chapter attempts a broad overview of the work undertaken within Children's Services, while identifying some of the specific issues involved in working with children allocated for different reasons, however the focus of much of the case study material is on families allocated for longer-term work. In many ways an understanding of the issues in these families provides the best context for appreciating the demands placed on initial assessment services and the types of issues that affect work with looked after children: the “children in need” services provide crucial context for understanding both assessment and children in care. In addition, the specific issues for these types of work are identified as appropriate.

3.1 The nature of the families and children

Across all three LAs, the families and young people social workers worked with typically had very complex and difficult problems. Key features of the work included:

- Multiple, interacting difficulties which appeared enduring for parents, and sometimes were present across generations.
- Workers often had to make very difficult decisions in conditions of considerable uncertainty, for instance choosing between equally undesirable options.
- Resources available for family support were limited, whether in relation to material provisions (e.g. housing and finances) or access to other services.
- Social services were generally a service of “last resort” - as a result, across all the authorities there was a tendency for other agencies to expect Children’s Services to work with the problems that they were unable to resolve.
- In many cases, families resisted the involvement of social workers. In extreme cases, social workers faced threatening and even violent behaviour from families. In other cases, they resisted in a variety of other ways, from not being in for visits to arguing that they did not need a worker.
- Social workers’ discretion and range of available alternatives for action was limited by external factors (such as police decisions about charging service-users) and also by internal factors such as “thresholds” (such as the threshold to move children from assessment to long-term units or to remove children temporarily or permanently from their families). They were also affected by financial pressures and pressures to close cases.
- When cases did not meet the threshold and when the work of the social workers had little impact in reducing the needs or risk (often because the families did not engage well with them), social workers often felt there was little they could do to improve the situation.
- In many families where some positive change was achieved, it was temporary or partial and in the long term some aspects of family life and its impact on the children were still a cause for concern.
- The work was emotionally draining and time-consuming.

These observational findings were supported by the social worker questionnaire for each currently allocated family. Table 3.1 highlights the high number of problems reported by social workers in allocated families, with more than 40% of families having problems in relation to housing, finances, children's behaviour, parenting, depression and violence in the home (if drugs and alcohol were combined they would also be evident in around 40% of cases). The average number of problems identified in an allocated family was 3.7. A similar pattern can be seen in Table 3.2, which details the social worker's report of the presence of different types of child abuse or neglect. Both emotional abuse and neglect to the child were reported as a concern by social workers in a high proportion of the cases reported, though the numbers where physical or sexual abuse were identified were also noteworthy.

What is most noteworthy about these descriptions of the extent of family problems, however, is the degree to which they interact. Problems did not come as "single spies, but in battalions." In practice not only were problems found together, but they also often interacted to compound family difficulties by reinforcing one another. Thus, for instance, most of the parents with an alcohol problem were also identified as having someone in the household who was depressed (55%). In such circumstances, the drinking may have been in part a result of depression (for instance, a way of coping with it), but it also served to reinforce it (as alcohol is a depressant and because the behaviours that occurred when drinking created negative emotions). It was common for the drinking to also be associated with violence in the home. This is just one example of an almost ubiquitous feature of the families that were allocated to social workers: multiple problems tended to interact. Thus, poverty and neglect were inter-twined, depression was found with violence in the home, problems caring for a child were linked to both social difficulties and to parental issues such as substance misuse or mental illness. The interaction of these problems makes them far harder to assess and intervene with than families or individuals with single presenting issues.

Chart 3.1: Presence of problems in family (%)

Social worker questionnaire for each allocated family (n=425)

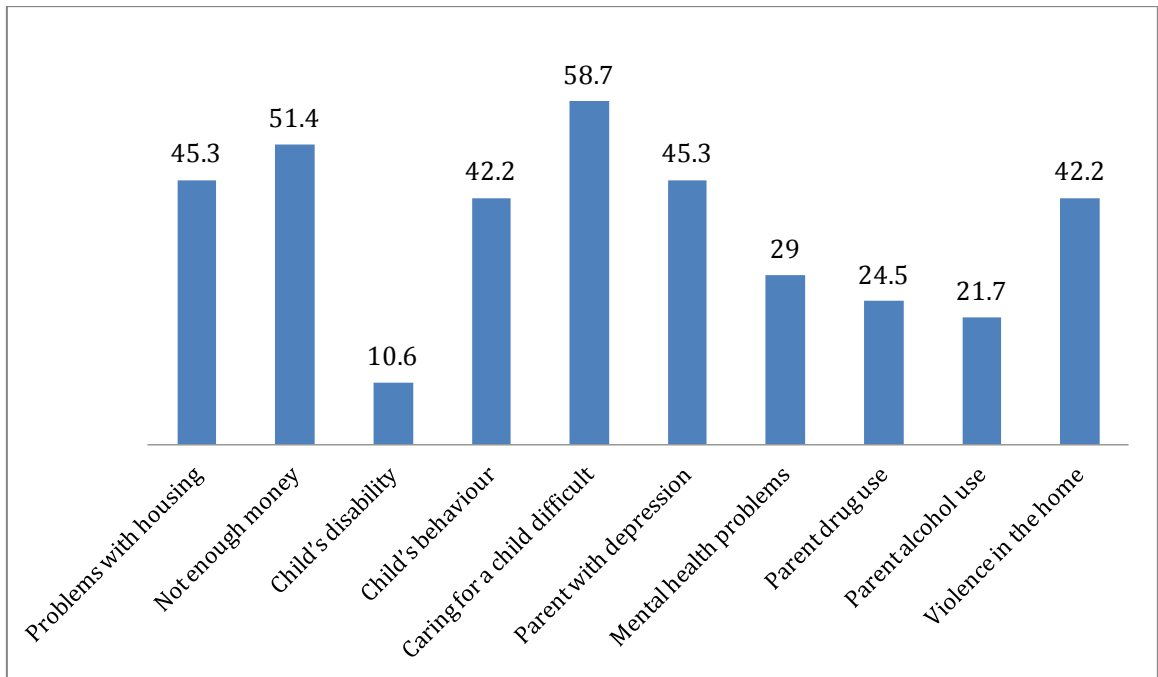
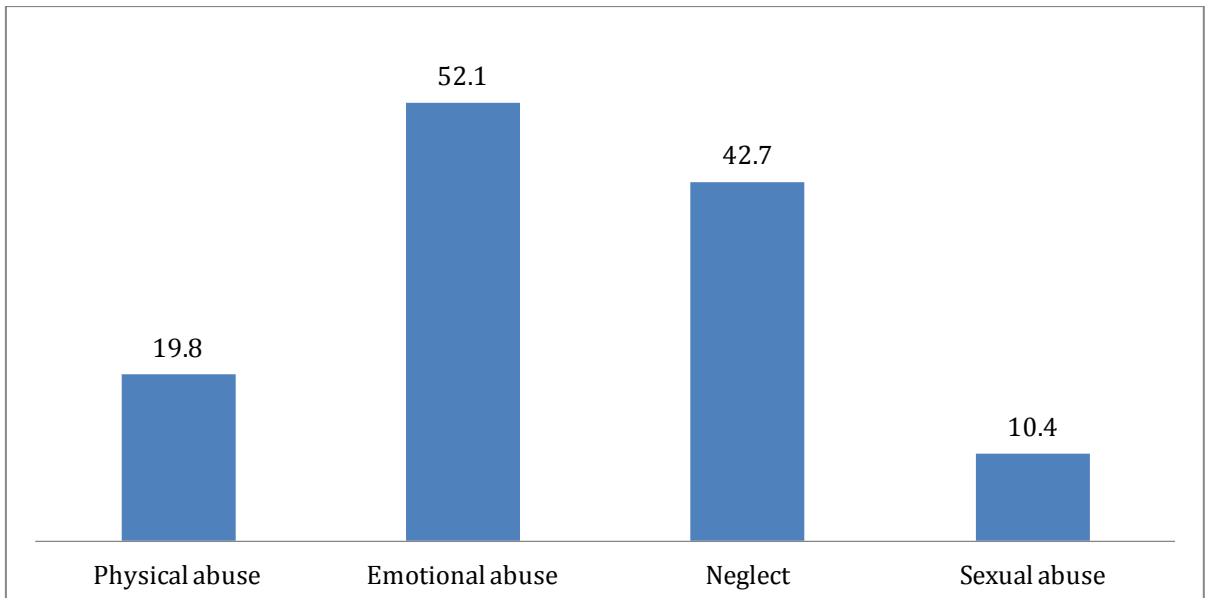


Chart 3.2: Presence of types of child maltreatment in families (%)

Social worker questionnaire for each allocated family (n=425)



Case studies

To demonstrate some of the difficulties, we describe below four families that were observed as cases in Children in Need teams or units (some details are altered to preserve anonymity). Every case that social workers work with is different, and it is impossible to find a single representative case. These cases demonstrate some of the more common issues the social workers had to deal with and how they combine together to create particularly challenging work. They are probably amongst the more complex that these social workers had to deal with but each of the teams and units we observed had several cases like these. More importantly, while these are not typical of the cases that are allocated to workers they are typical of the work that social workers were doing, because most of workers time was spent on the more complex and challenging families. The following cases are therefore fairly typical of the types of family situation that we observed workers dealing with.

Amy Stone (and her unborn child)

Amy was 20 years old and pregnant, due in two months, when she was allocated. This was her seventh pregnancy but, if successful, will be her first child. She has previously had five miscarriages and a child stillborn at 8 months, thought to be due to violence from her partner. She is currently in a violent relationship with a man thought not to be the father of the child. Amy has attended hospital A&E department more than 50 times in the past year. She has been diagnosed as having a personality disorder, has used crack and heroin in the past and self-harms. She has always had a difficult relationship with social workers, who describe her as telling half truths or lies. She can disappear for periods of time but attends the office when she needs money. Amy was herself born as a result of rape when her mother was 16 years old. Her mother was a crack addict but has been clean for more than 10 years. There are many other members of the family known to social services for drug or alcohol use and violence is prevalent in the family.

Several of the common features of the families that social workers work with are present in this case study. The most obvious is that there are clear reasons to be concerned about the safety and well-being of this (unborn) child. A second is the presence of long-term problems amongst adults, in this case the “toxic trio” (Cleaver et al, 1999) of substance misuse, mental health issues and domestic violence are all present. A third common feature is that the problems are long-standing and, as is often the case, inter-generational. In addition, Amy has not engaged with other services. Her active resistance to doing so has contributed to social services being involved. If Amy was working well with almost any professional then it is possible social workers would have a far less prominent role. The various processes of prioritising which families received work in all 3 LAs tended to focus on two key issues: the level of concern and the

level of engagement or cooperation with services. In practice, many of the families allocated for longer term work tended to have high levels of concern combined with low levels of cooperation, and the ones with the highest levels of concern and non-cooperation dominated the time spent by workers.

The Ocho family

The Ocho family were immigrants from central Africa who had no legal status to stay in the UK and no recourse to public funds. They have 4 children, aged from 5 to 12 years. The 8-year-old child has a significant disability. The mother was drunk during a home visit. Her background includes a history of depression and several suicide attempts, including trying to hang herself. She has reported being sexually abused as a child by a family member. She reports that her husband is constantly beating her in front of the children and she is worried for her safety and wants to leave the house with her children. The mother said she has a lot of debts and seems to ask social services for money on a regular basis.

Many of the key features of families identified in the case study of Amy Stone are replicated in the Ocho family: again there are serious concerns, long-standing intergenerational issues, violence and depression. Added to this, is the complexity of the family's immigration status and the role of Children's Services as a service of last resort is particularly well illustrated by this case. Despite the family having no recourse to public funds, the local authority have a duty to safeguard and promote the welfare of children identified as children in need. Children's services were often working with families that society and other agencies appeared to be metaphorically washing their hands of. In the Ocho family this was explicitly true in relation to the denial of public funding, something that was repeatedly an important issue in all 3 of the LAs, yet it was also manifested in the high levels of anxiety from other professionals – a feature of many of the families allocated a worker.

The McLennan Family

The household consists of a mother with four children ranging from 8 to 16 years, with three different fathers, none of whom live with the family. The father of the second oldest child has a good and stable relationship with his son, however he was very ill. The father of the youngest two is in prison due to serious domestic violence against the mother, culminating in attempted murder. He is expected to be released from prison shortly. The oldest child displays what is described as controlling behaviour towards the mother and his siblings, including a belief amongst professionals that he may be violent toward them, and is rearing what the social worker describes as "attack dogs". The 14-year old daughter made a complaint that

she was raped by a group of men (still being investigated by the police). She has very substantial behavioural problems, is permanently excluded from school and has previously tried to stab one of her siblings with a knife. The mother is very aggressive to social workers. She says she does not want them involved and insists that hitting children is an acceptable form of parenting.

The key features of complex cases identified in the previous case studies were present in the McLennan family. In addition, the family illustrates another common feature of the work of social services: the tendency for some families to appear to be in perpetual crisis. During the observation period, the McLennan family had almost daily crises – whether that was the report of the rape, educational welfare starting legal proceedings, or reports from the police or neighbours about incidents. There was also a strong sense that the professional network (and even the local community) wanted Children’s Services to “do something”. Yet the right thing to “do” is not at all clear, particularly when the family resists involvement. In many ways Children’s Services acted as a receptacle for professional concern about families where individual and social problems were so complex and high risk that nobody else felt comfortable working with the family.

Kirsty and Dylan Smith

This family comprised a lone mother and her child who was of primary school age, both of whom appeared to be experiencing difficulties. The mother had been described by the G.P. as having anxiety and depression, and concerns had been raised about the child having some behavioural problems by the school. The mother is relatively isolated with no friends or supportive family and a hostile relationship with her parents. The referral came from the Housing Office, who found the property in a state of filth and disrepair. In particular, the toilets in the house had been broken for a year and the mother and son used different rooms in the house as a toilet, with or without buckets and without clearing up after them. The mother had not answered the door for several social work visits, until eventually a worker was allowed in. They were extremely concerned about the health and wellbeing of both child and mother in such circumstances.

The Smith family had a rather unusual issue, with a very specific hygiene problem related to a diagnosed psychological problem (though we found similar examples in all the local authorities). A more common presentation was a more generally “chaotic” (in the sense of complicated and ever-changing) type of family situation outlined in the three previous case studies. Yet, many of the key features identified in the other studies are present, including entrenched difficulties and intergenerational issues, mental health problems, a reluctance to engage and high levels of concern from other professionals. In addition, the Smith family illustrates almost viscerally a fact that was present in many of the cases, namely that Children’s Services pick up and work with families that other

services appear to despair of: where other professionals feel disgust or anger, anxiety or fear, exasperation or perhaps even dislike of a family, then it is Children's Services that they call. One is tempted to rework the well-known words introducing the A-team: "If you have a problem, if no one else can help, and if you can find them, maybe you can make a successful referral to Children's Services." This may be a rather light-hearted quote for a serious issue, but it does capture not only why the work of child and family social workers is so challenging but also the dynamic at play between other agencies and Children's Services, in which other professionals had serious concerns about families and were trying to get them allocated while Children's Services were trying to ration services to control the almost unmanageable level of demand.

Severity of issues identified

Returning to the issues identified in the case studies, some of these features of families were evident in all the teams/units we observed, although there were considerable differences in this respect between Children in Need teams, Assessment teams, and Looked-after Children or Leaving Care teams. The main difference was that in Children in Need almost all cases were serious in term of complicating factors, need and risk. As only a small minority of the cases in the Assessment teams were transferred to Children in Need teams (around 5% of referrals and 15% of families assessed has been found in other research (Cleaver et al, 2008; Forrester, 2008a) and was consistent with our observations though we did not gather quantitative data on this), it is not surprising that many of the cases in Assessment were of lower levels of seriousness (although rarely were any of them 'easy' or 'simple'). In Assessment, the challenge was sifting through large numbers of referrals with serious problems compared to the general population and differentiating between those where the level of complexity, risk to children or lack of cooperation with professionals required further input and those which could be dealt with in other ways or simply closed.

The nature of work in Looked After Children teams, or 18+/Leaving Care teams was different altogether. This was long-term work that was not dependent on referrals and continued as long as the young person was in care regardless of the issues the young person had to deal with. While some of the young people had very challenging lives, others did not have any particular concerns, had good and stable relationships with their carers, did well in school/ further education, and overall required lower levels of intervention from the social workers. In fact, as with families, we saw less of these types of children. Social workers tend to spend more of their time on the families and children with the more pressing problems.

3.2 What do social workers do?

This may appear to be an obvious question, particularly to those who carry out such roles every day, yet to carry out an evaluation of Children's Services we felt it was necessary to start by describing what social workers do. There is also a developing recognition that there has not been sufficient attention to this basic question within social work research (Ferguson, 2011; White, 1999; Forrester et al, 2008b). This part of our results' section is based on observational data collection and analysis aimed at simply describing what workers spent their time doing. It looks at the common features across the authorities before we analyse differences in further chapters of Part III.

In dealing with their caseload, social workers had to operate in several different capacities, split their time between distinct activities and use a rich range of skills. To a large extent, social workers in all departments had to deal with all the aspects of the role which are described below, the difference being mainly in what aspect of the role they spent more time and, as noted above, the type of service users they worked with and the level of complexity of the cases. Furthermore their work with families was often not confined to those living in a household, it could often involve non-resident members such as father, grandparents or 'significant others' who might be involved in providing support or direct care.

Social workers were involved in the following types of activities:

- Meetings with service users (with or without other professionals);
- Meeting other professionals;
- Taking part in formal panel meetings/conferences/court hearings;
- Taking part in staff meetings and supervisions;
- Making or answering phone calls;
- Doing computer work (or non-computer paperwork); and
- Informal interaction with colleagues and managers.

Social workers met children, young people and family members (or occasionally friends of the family) in their home, in the local authority offices or in other places such as schools, GP surgeries, community centres, jobcentres, playgrounds or cafes. They also met them in institutions such as hospitals, prisons or residential schools. Social workers and service users also met in formal panel meetings such as child protection

conferences, LAC reviews, adoption panels or court proceedings. Some of these meetings with service-users (both the formal and the informal meetings) were attended by other professionals from the local authority or from other external agencies. Social workers additionally met with other professionals without the presence of children or other family members, and these meetings again included less formal one-to-one meetings as well as more formal professional meetings. Social workers met managers and colleagues in staff meetings and supervisions where they discussed cases as well as some administrative matters and personal issues. Social workers also spent considerable time travelling to and from meetings (occasionally with the service users or with other professionals but typically on their own). The frequent transfer of cases between boroughs, and the fact that looked-after children remain with their local authority of origin when they are placed or elect to move elsewhere in the UK, meant that some meetings involved considerable travelling. Interagency liaison and communication with clients involved a great deal of telephone contact as well.

Case studies

Returning to the case studies detailed above, summaries of the work researchers observed social workers doing is described for two of the case studies to illustrate the type of work undertaken within Children's Services, prior to a more detailed evaluation of the various aspects of a social workers' working day.

The first case study is of "Amy Stone", and illustrates the work involved in quite a serious child protection case:

Amy Stone Family: Social Work Practice

This was considered to be a case with a high likelihood of a post birth child removal although the possibility that Amy will be able to prove the required parenting skills and stability in her life was not ruled out. However given the high likelihood of removal, some work had to be done within the team and with the legal department regarding such a scenario so that if a decision to remove the child was taken it could be executed straight after the birth. Attempts were made to understand the level of current drug addiction both in order to assess parenting capacity and the needs of the future baby and to offer a relevant, feasible and less damaging programme of detox (or reduction or stabilising drug use). There were also attempts to identify support networks that may support Amy if she demonstrated sufficient parenting capabilities to enable the baby to remain with her. Meetings were organised with housing to understand what the options were for accommodation before and after the birth. There were attempts to meet and assess Amy's partner, the nature of their

relationship, the risk that he posed to Amy and the unborn child and the plans of both of them regarding the relationship following the birth. There were some meetings with Amy and the medical staff (with her permission) to understand what is involved in the process from a medical point of view and to assess risks to the mother and baby before, during and after the birth. A lot of work was done by medical staff in order to engage Amy, for instance coming to meetings, sharing concerns with the social workers and so on. Staff had to identify whom in the team or the medical staff can communicate best with her and be trusted by her. Some direct work was undertaken with Amy in order to help her with some of her challenging behaviours and the high level of stress. There was also an attempt to communicate to Amy the level of concern and the possibility that the child may be removed after birth. There was an attempt to estimate her financial needs in order to find a stable source of financial support and monitor the use of the money for essential products (and ensure they were not being used to purchase drugs).

There is a heavy emphasis on engaging Amy, and in assessing and managing potential risk to the expected child – including the likelihood of legal proceedings. The Ocho family present a rather different set of issues. The family actively approached Children's Services, though there were still important elements of risk and keeping the parents engaged with Children's Services.

Ocho family: social work practice

The workers spent time identifying organisations working with immigrants with no recourse to public fund including a refuge for immigrant women like the mother in this family. They found one refuge that has places for women with no recourse to public funds but because of the high demand there was a long waiting list and it took weeks before they could move her and her children there. Throughout this time, they had to communicate to her the arrangements for this move without alerting the father to the plan. They also had to try and understand from the children (and from the school) what level of violence they were exposed to and how they coped with it. They talked with the husband and raised their concern about the violence (or the 'arguments') and tried to talk about ways to avoid escalation in arguments and about their concerns regarding the psychological impact on the children (the father denied any violence and argued that the mother complained with no reason because she wants him out of the house and away from the children). They looked for domestic abuse and parenting support programmes open to families with no recourse to public funds (though could find very few). The workers also had to assess the frequency and level of drunkenness of the mother and whether this put the children at risk of harm. The workers liaised with health visitors and

people from the local GP surgery and from a local voluntary organisation helping immigrants from the couple's country of origin to find ways to support the needs of the disabled child (including respite provision for one or two half days a week in order to give the mother a break and enable her to spend time with the other children). Obtaining funding for such respite turned out to be difficult - again due to no recourse to public funds. The social worker also had to communicate to the mother their concerns about her drunkenness and the impact that it has on her ability to care for her children. An alcohol support group was also considered, but checks had to be conducted to see if this would support people with no recourse to public funds. There was also an attempt to link the mother with an organisation that may help her manage her debts, to improve her financial situation without the LA needing to disperse money on a regular basis. She received food vouchers, travel vouchers and financial assistance with buying specific items for the kitchen.

Having presented the type of work done by social workers in relation to two particular cases, we now move to a more thematic analysis of the work undertaken by social workers.

How do social workers spend their time?

A considerable amount of time was spent by social workers working at the computer. This involved sending and replying to emails, writing letters to various agencies, updating events or activities relating to a case (meetings, phone calls, payments to families, receiving emails and documents), typing minutes from meetings, documenting assessments, preparing advice for statutory reviews (such as LAC reviews), writing plans (such as care plans for children in care, pathway plans for young people over 16 and recommendations for child protection plans) and writing reports as part of formal proceedings in courts, adoption panels, and so on. A considerable part of the computer work (and to some extent telephone calls) was dedicated to administrative tasks (sorting out payments, organising meetings, typing minutes etc). Social workers spent some of their time in interaction with the colleagues and managers in the office (outside formal meetings). These interactions involved some informal discussion of cases or their experiences of cases, especially after an 'interesting' visit or a phone call, as well as some general social banter.

We felt the best way of understanding what social workers were doing was by categorising what they seemed to be trying to achieve from our observations and field notes. The next sections report on this descriptive account of what social workers do, which fell into three broad categories: risk and need assessment, working with families to reduce risk and meet needs, and reporting. Each is considered in turn.

Risk and need assessment

The first aim for social workers tended to be “risk assessment” (in the broad sense of trying to work out whether a child was likely to suffer serious harm). This was the ‘first’ aim in more than one sense. In most cases, it was the first task from a chronological point of view - no decision about the future of children or about working with the family could start without a risk assessment (although the risk was continually re-assessed in later stages, taking into consideration new information or change of circumstances). Risk assessment was also the ‘first’ task in terms of its importance and the dire consequences if the risk was not assessed properly and things went wrong. Even when working with families in a supportive way, for instance sorting out some of their problems and improving the well-being of the children and other family members, at least in the Assessment and Child in Need teams the role of social workers as risk assessors (with the ultimate role of child protection) was present in the background of the relationships with the families. This did not mean that social workers in those teams or units did not sometimes have good, friendly, supportive and close relationships with service-users but this context of the relationships was nevertheless important and should not be ignored. Social workers were always working with the potential of risk to children; and families almost always seemed aware of this.

Despite the high priority of risk assessment and the way in which it informed almost all the work, there was no sense that social work was highly risk-averse. Indeed, rather the reverse, the researchers were repeatedly struck by the fact that workers were accepting risk on a daily basis, in that they were working with families with serious and complex problems, where there was almost always the possibility of something going fairly seriously wrong.

The risk assessment work itself was divided into two stages: the investigative stage, and then decision-making. Below, we consider the nature of each of these stages, discussing ‘high risk’ and ‘low risk’ decisions separately.

The investigative aspect of the social worker role

There was considerable variation in the level of available background information about each case. Some referrals had very little information beyond the initial concern, while others would have more extensive contextual information. The latter was particularly common for families who were previously known to social services. Yet in general the information at the time of referral was almost always limited. Many of the facts described in the case studies above, for example, were not known at the time of referral. One of the most important initial tasks of social workers was to find out as much relevant information about the family as possible. The initial search for information starts in Assessment teams, but typically long-term teams still have a lot of work to do in

terms of getting the background picture right. Information was initially elicited from the referral, from any historical data present in the files (if the family had previously been in contact with social services), and with discussions with other relevant agencies (police, school, health visitors, etc.). In most cases, social workers then sought information about the living conditions in the home, anything that can be found out about parenting quality or problems, the identity of other family members or 'significant others' involved in family life, and the relationships between them. Social workers tried to identify complicating or positive factors attached to any of these people or to their relationships, or to the general circumstances of the family.

We illustrate this with an anonymised account, from fieldnotes, of a professional planning meeting in LA1. This illustrates the typically serious nature of the risks that social workers are working with on a daily basis, as well as the investigative and decision-making elements of risk assessment:

The day started with a professionals meeting, to discuss risks for two children whose father threatened to kill the mother and children. The father is currently not living in the house. The family has a complex structure: four generations live together in one home, and one of the children in the house is severely disabled. Present at this meeting were the social worker from the learning and disabilities unit, a representative from the school of the disabled child, an attendance officer (again about the disabled child), a woman from the G.P. surgery and a social worker who is a liaison person with health visitors.

The meeting had two main purposes; sharing of information from different professionals, and to decide what to do next. The meeting started by trying to increase clarity about the current situation (specifically that the father is not living at home and is having no contact at present) and trying to build a picture of the views of the mother and father (in particular), as well as their current well-being and professionals involved with them not at the meeting. Throughout this process it was obvious that the GP representative knows the family best, having worked with them for a long time. However, the meeting was complicated by her appearing very angry with social workers. The root of this was that she wanted professionals to make sure that the father does not return to the family home. She felt that if he did return the children and other family members would be at serious risk, and made forceful and repeated calls for action. The social workers argued that beyond working with the mother to protect herself and the children, their legal options were limited. There was a heated discussion about the extent to which workers can proactively take action to prevent the possibility of more serious harm. The GP representative wanted the father prevented from coming back to the family, regular visits to identify if the children are being neglected and intensive support for the family. In contrast, the other workers viewed the mother and other family members

as cooperative and doing the best for the children - if anything they had been thinking about closing the case.

Ultimately a plan was agreed. This involved monitoring of the family through regular visits from various professionals, obtaining specific information not known at the time of the meeting (such as whether the mother is or is not seeking an injunction) and the social worker working with the mother to explore how to protect herself and the children.

This example is relatively typical of the process of risk assessment seen across all three authorities. Social workers were involved in gathering information and making decisions about risks. However, “risk assessment” is far from some sort of technical exercise: it is mediated by complex relationships, including with other professionals and family members. It is also as much (or more) about *managing* risk as it is about identifying risks. Management of risk involved identifying factors that might serve to protect children, whether they are in the family or the professional network.

The next stage (typically in the first days after the referral) was obtaining further information by visiting the family, observing the children and the parent(s) or carers in their home and talking to them and to other family members.

Getting this information right and understanding accurately the fullest possible picture in terms of what had happened, who was involved in the life of the child, the relationships in the family and the main personal problems of individual family members can take a long time and is not a simple task. Social workers do not have police powers to investigate facts, though they sometimes work closely with the police in investigations of suspected serious abuse or neglect. The knowledge that in extreme circumstances the local authority can make an application to court recommending the removal of a child from their parents (or, where there is deemed to be an immediate risk to safety, the police can be called) does put pressure on families to cooperate with them. However, this does not necessarily always result in full cooperation. Indeed, in many cases this ultimate sanction of removing the children has the opposite effect. Many social workers reported that in relatively low-key cases in which removal of children was never considered, families were reluctant to engage with the workers because of fears that if social workers were to become aware of some of the problems in the family they would ‘take the child’. This was also found in our observations and interviews with families. For that reason, parents withheld information that could (at least in the view of the social workers) help them to help the family.

Even without fearing such a sanction, the intrusive nature of involvement of social services in the lives of the families, with or without an additional element of complicated historical relationships with social workers, made social workers’ task of engaging families difficult in many cases. Even when parents and other family members did

engage with workers, there were sometimes considerable contrasts between the perspectives of different family members. Some children and young people were under actual or perceived pressures from the family not to disclose certain details; others found it particularly difficult to open up and share details of their lives with social workers.

As a result of these difficulties, in most cases social workers ended up having only a partial picture, or more than one possible version as to what had happened, who was involved in the life of the children, and the risk and protective factors. In long-term teams, even though social workers had to put a lot of effort into obtaining information, they usually felt they had a better picture of what was going on. Nonetheless, they were rarely certain about all the details, and were often surprised by the nature of new events or new information. Eliciting information during visits was a time-consuming task. This was especially the case in families where, in order to get the full picture, some family members had to be seen on their own, such as women who are subject to domestic violence or children who may be experiencing abuse. The fact that in general social workers seemed very busy made finding the time to obtain a fuller picture difficult in many cases.

Below, the complexity of assessing and managing risk is illustrated with a case example of an observed meeting and related practice from LA3. The situation described – where a baby has been born withdrawing from drugs – is in fact more straightforward than many that workers deal with each day. The level of serious risk is clear, and the fact that the child is in the Special Care Unit means there is no immediate risk to the child. Often the nature of the risks to the child are less clear, and the question of what actions may be taken is more open to discussion. Yet even when the comparative vulnerability of the child clarifies some elements of the situation, the case example illustrates some key issues that were found across a wide range of cases.

The case is described from observer's field notes, from shadowing a newly qualified social worker covering duty. Then the elements of risk assessment and management that they illustrate are outlined:

The worker had a call late yesterday about a newly born baby whose parents were using drugs. The baby was premature and in special care unit withdrawing from crack cocaine. The worker spent some time trying to ascertain the current situation from the hospital about the baby and how long they would be there. They will ring back. ...Baby is undergoing toxicology tests and tests will not be back for some time so difficult to know how long baby will be there. ... Social worker says that mother really wants baby but seems unable to make changes. She wants to get back with partner who doesn't use. She wants to take the baby home.

We arrived at the hospital to learn from a midwife from the special baby unit that the mother's Aunt was here and was expecting to be taking the baby home when it was out of special care. This was not in the care plan. The two nurses accompanied us to a meeting

room where we were joined by the mother, the Aunt and mother's partner (father of child). It felt quite intimidating and was clearly going to be a difficult meeting. The mother was adamant that she had now changed and wanted to keep her baby (she had taken crack 2 days before the birth and said this had caused withdrawal). She was eloquent, clearly intelligent and was very vocally strong about what she wanted. At times the Aunt, another strong character, added her sentiments. They could not see why Aunt could not take the child.

As the baby was born early this case presented itself more quickly than expected and there had been no time to get all the information together. Mother was aware of care plan and knew she could not take baby home but could not see why Aunt could not take him. Social worker went through terms of care plan and explained [difference between child entering care voluntarily (s20) or under court order] very clearly and calmly. Mother was upset and said she had no choice but they could not see why baby had to go elsewhere. Worker listened carefully to mother and asked open-ended questions, always centred on the mother and how she was feeling. She managed to diffuse a very difficult situation by letting the mother talk [in fact in my opinion she was amazing!]. Eventually the mother admitted it was her own fault due to her drug taking and not mentioning the Aunt before. Social worker said she would do all she could to get Aunt assessed in time but could make no promises. Mother asked worker many times to make it a special case but worker was very clear that she may not be able to do the assessment before the baby was released and so there may be a foster carer who will take baby in the meantime. It was a long process and the partner did not say much. The Aunt also calmed down and reassured the mother that the social worker was trying and would do all she could. The social worker said that her manager may come along in the next couple of days. The aunt seemed to know his name. We left with the worker confirming she would do all she could to get the Aunt assessed. The mother was very tired and still in pain – she was not going to let this rest – but was much calmer than at the start of the meeting.

The first element of this case study that is likely to strike readers – and perhaps particularly those who have not worked as social workers – is the incredibly emotionally challenging nature of this work. The social worker has to tell a mother and father – and, indeed, an Aunt – that a child cannot return home. This is, by any standards, an emotionally challenging conversation for all involved. We left in the editorialising comment of the researcher, because it is difficult not to be profoundly impressed by the way that this worker handled the interview. And it is all the more impressive because being newly qualified they were relatively inexperienced. Conversations about newly born babies may be particularly emotionally charged, but we observed workers dealing with complex and challenging conversations with clients on an almost daily basis. Interviews included discussing disclosures of abuse, moves of placement, exploring allegations against carers or the more usual discussion of difficulties the parent may be having, such as their use of alcohol, experience of violence or problems controlling their child.

However, here we want to focus on this interview as part of the process of assessing and managing risk. In this context, the tasks that the social worker needed to complete ranged far beyond the emotional content of the interview. First, their input was structured through the legal framework for children. In this instance that was very explicit. In many other interviews the policies or procedures that structured the conversation related more generally to professional meetings (such as child protection conferences), forms (such as looked after children forms) or other procedures that influenced practice. Second, unexpected information emerged during the interview. This was so common – particularly in the initial stages of contact with services – that we felt one of the mottos of Children’s Services should perhaps be “Always expect the unexpected.” In this instance, the presence of the Aunt created an unexpected development. The worker managed to listen attentively to the arguments for the Aunt caring for the baby, without being drawn into agreeing anything inappropriate. On the way back they explained to the researcher that while Children’s Services aim to keep children within the wider family where possible, the issue is not only the Aunt’s suitability as a carer for the baby but also their ability to adequately protect the vulnerable young child from her own parents. Put bluntly, she might let them take the child and thus expose her to risk. However, many interviews took unexpected turns, particularly in relation to the identification of risks to children or options for their protection. The most common examples we observed were personal disclosure by parents, though we also observed a violent man being found in a flat which he was not meant to visit, young children being found home alone and myriad other unexpected developments. Even more common was contact from other professionals (or sometimes members of the public) with new information that would make a real difference to the perception of risk within a family. The most common examples were police notifications of violence or other incidents, school problems or other professionals identifying concerns in the family. Social work risk assessment involved working with an ever-changing picture, which was related to the lack of certainty about what was happening in most of the families.

The next element of the above case study that illustrates the nature of risk assessment was what happened next: following this interview the worker spent the rest of the day, and much of the next, on the phone (or less often sending emails) to a variety of other agencies. These included the hospital to find out their plans, the local authority legal section to discuss options, another Children’s Services Department to find out more about the Aunt, the fostering service to arrange a possible placement, the drug service for the mother, the probation service for the father and other agencies that were involved. A key element of risk assessment was collating information from a range of sources. However, the passage of information was not one directional. Equally important was the role of the social worker in providing information to other agencies. In this instance, the worker was acting as the nexus for the involvement of a wide variety of people around this family. It is hard to under-state the number of people that social

workers had to liaise with in the more complex cases. For instance, in the McLennan case study above the number of people to be communicated with (we counted 14, but there were probably others) and their range (from young children to experienced lawyers and police officers) underline the complex communication and liaison inherent in the social work role.

Decisions about risk

In parallel to gathering information, social workers had to judge what the level of risk was and decide what action should follow. This was done as part of the routine at the end of the assessment process by the Assessment teams/units, but the long-term teams were also constantly involved in further assessment and decisions about risk, needs, and actions. These decisions were taken—or at least approved—by managers, as well as by other senior professionals (such as chairs of child protection conferences). However, the social workers' input regarding the facts of the case and their views about the level of risk and the recommended action was crucial to these decisions since the managers' knowledge of cases was largely based on the accounts of social workers (particularly in the conventional model of LA2 and LA3). Generally, decisions about the level of the risk throughout the case – but most explicitly in discussions with managers - were structured around four possible outcomes:

- Closure;
- Moving to or maintaining the case in a long-term team with 'child in need' status;
- Moving to or maintaining the case in a long-term team with 'child protection status';
- Initiating legal proceedings for removal of the child from the family.

In essence these became “thresholds” for discussions about risk and decision-making to coalesce: does this case merit a particular status or not? Even though the legal option used in very high risk cases was the least common, its magnitude meant that discussions, decisions and work around it occupied a considerable part of the time of staff and managers in the long-term teams and it deserves some elaboration.

Decisions about high risk cases

Decisions about permanent removal of children from their parents are ultimately made by the Court and therefore, as well as social workers and both their immediate

supervisors and more senior managers, the legal teams were heavily involved. In general, this was also the case regarding temporary removal, such as when there was some evidence that the child was left with no supervision in circumstances that given his/her age or disability, were deemed dangerous, or an allegation that a child was sexually abused. Children can also enter care when the parent agrees in writing for a voluntary temporary move (under section 20 of the Children Act 1989). We observed some children where this was agreed due to the child having challenging behaviour and others where the “voluntary agreement” was explicitly or implicitly an alternative to going to court and seeking a legal order (as in the case study above). In the case of urgent removal with no such agreement, removal can either be made by the police or by an application to court by the local authority for an Emergency Protection Order.

Our observations of discussions and decisions about initiating legal proceedings were limited in their nature, as the study focused on a particular point in time in the life of a case rather than following specific cases from early stages of involvement to the decision about initiating legal proceedings (although in exceptional, urgent cases such decisions can be taken shortly after the referral). Nevertheless, it is worth noting some of our general observations regarding this process.

First, it is important to stress that none of the parties in any of the three local authorities who were involved in decisions about removal took these decisions lightly. They were fully aware that such a decision potentially has a huge long-term impact on the life of the child and the family, as well as the fact that the care arrangements can carry their own risks for child development and welfare. They were also aware of the considerable costs involved in care proceedings and the strong financial pressures to keep them to a minimum. However, not taking children into care also carried risks, particularly of serious harm to a child. These cases required intensive work and often close collaboration with a variety of other agencies.

In many cases, especially where there was no immediate serious physical risk or a sexual abuse allegation, it was difficult to reach a consensus between all decision-makers about the need to remove the child from the family. In order to achieve such a consensus, each level in the organisation had to convince its superiors of such a necessity. This was true in all the LAs, but was particularly pronounced in LAs 2 and 3. The social worker had to convince the Deputy Team Manager, they had to convince the Team Manager to convince the head of service, and together they all had to convince the legal team before then attempting to convince the court. Decisions were made not only on the basis of what each level thought about the risk to the child but also on the likelihood of approval by higher ranks (including the legal team and the Court). However, attempts to predict the decision by managers or the legal team were not always easy. In LA2 we observed a discussion of a case in which the legal team rejected

four different applications by the Children in Need team to apply for care proceedings regarding the same child.

This means that when social workers have a reason to believe that a case will end up in care proceedings they have to make sure they collect and document supporting evidence in order to convince the legal team, and later the court, that taking the child into care is required. This element of the social work role has similarities to a police officer preparing a case by gathering evidence. Furthermore, in some cases, social workers commented that being successful with a move for care proceedings was also dependent on timing. Workers commented that the longer the time from the incident, even if the basic conditions were the same, the chances that the application would be endorsed by the legal team were lower.

Particularly difficult were decisions regarding teenagers, partly because it was not clear if they were willing to go to foster care, or that given the level of the behavioural or other personal problems they presented, they would benefit from being in care. Other difficult cases were those in which there was no one major incident but the long-standing conditions of living in the house were considered to be damaging to the child and to his/her emotional and mental development. In some of these families across all the authorities, social workers invested quite a lot of work in reducing the risk with little success—for example, because of lack of engagement by the parents—and felt that they could not do much to improve the situation. However, they were not sure that care was feasible, beneficial or would be supported by the legal teams or the courts. We therefore witnessed several times a team or unit who found themselves in the strange situation of discussing one of two extreme options: either initiating legal proceedings to remove a child or closing the case altogether.

Deciding to go for care proceedings triggered a huge amount of work by the social worker. This included writing the reports and other paperwork to be submitted to the court; sorting out an alternative placement either with another family member – which required a viability assessment – or with foster carers; arranging and supervising the actual removal and transfer to the alternative placement and then getting authorisation, negotiating, arranging and possibly supervising contact with the parents if any contact was taking place.

Decisions about high-risk cases were not only decisions about child removal. There were also decisions about who could see the child (for example, as part of contact arrangements) or what conditions a family or a parent might have to meet (for example preventing an adult coming to the house if their presence was dangerous to the child) in order for the local authority not to initiate or continue legal proceedings.

Decisions about low risk cases and closure of cases

While decisions about removal of children involved a minority of cases (typically in Children in Need teams), and were taken at the highest levels of the organisation, decisions to close cases were very common and were typically made by worker and supervisor or at the level of the unit in LA1.

Most of the cases were closed by assessment teams because they did not meet the threshold to be transferred to the long-term team. There were variations between the LAs, which are discussed below, but what was noteworthy was that within each LA the junior managers involved in this process seemed pretty confident about which cases could be closed and which would go to the long-term teams, and there were relatively few arguments between the long-term team and the assessment teams about that. This seemed to be the case despite the fact that the level of familiarity with the family (and hence the level of knowledge about the case) was often limited at this point.

Decisions about the closure of cases by long-term teams were more complicated. This was especially true in cases where the consideration of closure was not a result of improvement in family circumstances, but where the workers thought that no great progress had been achieved and there was not much more they could do, while the concerns did not seem to meet the threshold for initiating legal proceedings for child removal. This was a situation in which some managers seemed to have more confidence in closing cases, sometimes explicitly with the assumption that if the case is re-referred, they would consider initiating legal proceedings immediately.

The decisions of Assessment teams to move cases to long term teams as well as their (or the long term teams') decision about whether to classify the case as a child in need or child protection appeared to be relatively straightforward. There was rarely much disagreement about such decisions, certainly in comparison to removal or case closure decisions.

The risk assessment elements of the role required the social worker to have strong investigative skills, which meant having excellent communication skills (with adults and with children) in order to communicate with families and professionals and get the best information from them. The social worker had to understand risk, risk factors and risk indicators as they were operationalised within the organisation, and have the courage and assertiveness to explore concerns, particularly in home visits. A key skill was the ability to communicate an honest and accurate account to the families of the Local Authority's concerns. Social workers also had to be able to communicate accurately the nature and seriousness of risks to managers and other professionals.

Working with families to reduce risk and meet needs

While risk assessment was the ‘first’ task of social workers, working with families to reduce risk and meet needs is what many social workers saw as their most important task, and the area on which they would have liked to spend more of their time. There were two main types of work with the families in this context. One was work to improve circumstances and another was work to change behaviour, increase skills and improve relationships. The distinction between the two types of work is not always easy to draw and many activities were intended to promote both, for instance attempts to help people back to work involve changing circumstances and also changing habits. However, generally, improving circumstances included supporting families or parents in their applications and communications with agencies such as housing, benefits authorities, schools, health services, immigration authorities, refuges for victims of domestic violence and a very long list of other agencies. In addition, in some families this included helping supply required items of furniture, helping them sort out clearing/cleaning a house as well as funding them directly when no other source of income is possible. Changing behaviour and relationships generally started by communicating the local authority concerns to the individuals involved and included one-to-one work with a parent or both parents (talking over why problems existed), structured programmes (for anger management, domestic abuse, drug and alcohol abuse, parenting skills etc), extended family meetings, and other therapeutic/counselling methods. When working on either changing circumstances or changing behaviour, a social worker could work either as a case manager – by coordinating between the family and other agencies/service providers or by doing more direct work him/herself. We refer to each of these roles separately below. There were very clear differences between the local authorities in the ways in which workers undertook these roles. Differences are discussed in Chapter 5.

The coordinator/case manager role of social worker

The work of social workers with other agencies was already mentioned in relation to the investigative aspect of their work. However, social workers work with other agencies to help create changes in families. This aspect of the role required social workers to be familiar with numerous organisations, the nature of their work and their internal procedures, the eligibility of service-users to apply for services and the informalities of ‘dos’ and ‘don’ts’ in working with various agencies.

Social workers in all the local authorities worked with other agencies on a daily basis, and overall reported good working relationships. Social workers and other agencies seemed very used to working together, in general knew other agencies’ procedures, and seemed to understand the nature of each other’s work. The need to “work together” on cases was generally taken for granted (this applies to risk assessment as well as to

changing circumstances). But this doesn't mean that there were no tensions. Social workers sometimes felt that other agencies' expectations of them, in terms of what they can do with families, were unrealistic, for example expecting them to do all the work, trying to shift responsibility in the hope that problems will be solved by someone other than them, and in extreme cases pointing a blaming finger at social workers. There were also some comments from social workers regarding how unresponsive, impatient (in terms of giving people another chance), judgmental, or insensitive some other agencies were with service-users. This was particularly the case for housing, in all three authorities, but also some police officers and some schools. Overall, however, working with other professionals was a routine part of the work and no one suggested that the work could be done without it.

Social workers also had to do some case-management and work with other professionals in the Children Services department. In this regard, an activity which was particularly sensitive was helping service users buy items or clean/clear their residences. Financial assistance to service-users was an especially tricky issue to navigate at times. This could become a source of tension between social workers and service-users when there was no agreement to pay amounts of money which were considered necessary by the parents for the family or the children. There was a strong commitment from managers to closely monitor financial assistance to service-users and keep payments under control to ensure that assistance is given only when there is a serious and proven need (e.g. there is no food in the house) and when all other potential sources of income had been exhausted (including not only benefits, but also informal sources of support such as the wider family). Measures were in place to guarantee payments were used for the intended purpose (e.g. the use of supermarket food vouchers rather than cash). Managers also stressed the importance of clarity around payments being for occasional crisis purposes, rather than the local authority becoming a provider of benefits on which service-users can become dependent. For these reasons, the approval and administration of financial assistance involved form-filling and approval processes in all local authorities, although it proved to be considerably more time-consuming and onerous in some than it was in others (see Chapter 5).

Social workers also worked with numerous agencies where the work of the other organisation was aimed at changing behaviour of parents or children or both. These included charities and programmes aiming to provide parenting support and enhance parenting skills, reducing alcohol or drug consumption, working on anger management and domestic abuse, and tackling youth (or adult) offending, among others. One trend that characterised our findings in all local authorities was that many of these organisations were badly affected by the recession and in particular cuts in public sector funding. As a result many services either stopped providing services altogether or raised the threshold for eligibility so only small numbers of service-users could benefit from them. This meant that there was more pressure on social workers to provide support

such as anger management as part of their direct work with service-users (see next section).

Effective coordination of services meant workers needed a good understanding of a family's needs, knowledge of legal and financial entitlements, an understanding of the remits and informal procedures of local and national agencies as well as excellent negotiating skills.

Direct work (for change) with families

In addition to making referrals or helping family members access services, social workers also worked directly with families in order to promote change. The simplest form of direct work with families was communicating to them the local authority's concerns and possible consequences of no positive change. "Change work" also included identification of the main family needs and areas that had to change, as well as planning how to achieve such progress. These plans could be set out informally or as part of a more formal arrangement, such as written agreements with parents detailing their commitment to specific changes. A key challenge in this was engaging families and developing a working relationship. Often families – and in particular parents – were reluctant or even actively hostile. In these circumstances, working toward change was very difficult – sometimes seeming almost impossible (for instance if families rarely let workers in or were openly hostile).

Working directly with parents to engage them in accepting the need for change and taking positive action, and the way that it often was inter-twined with more practical help, is well illustrated by consideration of the work undertaken in the case study described above of Kirsty and Dylan Smith (the family where mother's psychological problems had led to severe hygiene problems, including not using the toilets).

Kirsty and Dylan Smith: social work practice

This family were in LA1. As such, the work undertaken involved several members of the unit. The first task was communicating and monitoring the work of the housing department to clean the house and fix the broken toilets. The Clinician started working with the mother to understand why she had allowed the house to fall into such a state of filth and disrepair. They also started working on her other problems. One of the social workers started to work with the child (and also with school) to understand the level of his anxieties and how he coped with the situation. Part of the work with the mother focussed on assessing the risk that this may happen again, although there was a sense of optimism within the unit. They had a strong conviction from an early stage that considerable progress could be achieved with the mother, and felt

extreme action (e.g. initiating legal proceedings) would not be required. The unit were concerned and unhappy that the police were considering charging the mother for neglect, as they felt this was unhelpful. The mother was not charged and progressed well. Three months later she and the child were living in a clean house and her mental health was much improved due at least in part to the work of the Clinician.

This was one of the rare occasions where an intervention by workers dramatically improved the situation in a relatively short time. It was more common for change to be partial, or not to happen. Indeed, often the aim of social work was not to resolve an issue but to provide support to prevent it getting worse (see Davies, 1991). Nonetheless, it illustrates well both practical help and therapeutic input being provided. While it is unlikely that therapeutic work would have been provided directly for the mother in LA2 or LA3, it is likely that the social worker would have worked directly with the mother to get her involved with some sort of therapeutic input.

Social workers differed in how much direct work for change they undertook. Most social workers did not see themselves as having the skills to directly tackle major behavioural problems such as drug addiction, domestic abuse or anger. We did observe social workers working with clients on issues such as improving (or avoiding) complicated relationships with others (particularly around violent partners), some basic parenting skills such as changing or setting routines in the house, some planning ahead and setting targets for themselves and in some cases an open-ended exploration of psychological reasons and causes that contributed to their situation.

Local authorities (and individual social workers) differed from each other in how much workers were personally involved in direct work for change (rather than case management). They also differed in the extent and nature of direct work. Some went beyond communicating the concerns of the local authority as a strategy for promoting change and focussed on engaging parents so they could benefit from other services (although social workers also differed in how successful they were in these two tasks).

One important format for direct work with families or young people was the professional meetings – mainly the Child Protection (CP) conference and looked after child (LAC) review. The importance of these derives from their “statutory” nature, in that the requirements in relation to them are set down in legislative procedures. They also act as moments where social work practice is scrutinised. They have an independent chair, and usually involve other professionals and parents, where appropriate. The social worker has a key role through written reports and verbal accounts to present their view of the family or child, the issues presenting and the work being undertaken. But others can also comment on the situation, including sometimes critical comments about the worker or the organisation. Furthermore, formal meetings like these are often a focus of wider government inspection, through “Key Performance Indicators” (KPIs) relating to

them or external inspectors viewing reports when inspecting the local authority. Such meetings may therefore be important for children and their families, but they certainly have considerable importance within the organizational structure and the consequent time that social workers had to dedicate to prepare for them.

Formal meetings acted as fora for sharing concerns and risks and for making plans for further action. For CP conferences (in particular) they also aimed to initiate change by communicating to the parent in quite a formal way the severity of concerns and the possible detrimental consequences for the child and the family if the risk were not reduced.

CP conferences, LAC reviews and child in need meetings usually included a detailed plan which the parent or young person (in the case of the LAC review) was expected to follow with the help of the social worker. This element of the direct work aspect of the job was different from other types of work in two ways. Firstly, it was a relatively formal procedure and secondly, it was usually led by an independent chairperson.

Conferences were a good example of the inherent difficulty embedded in the conflicting roles of the social worker – the child protection role on the one hand and the “counselling” or helping role on the other. Much of the weight of Child Protection conferences, and to a lesser extent LAC reviews, was on the former and this made it harder for them to achieve the second goal. The formality of the conferences was enhanced by the nature of the review/plans that staff had to prepare for them, to which we refer in the next section. It is worth noting, though, that there was a considerable attempt by some local authorities to reduce the level of formality of these conferences, to make them less confrontational, and to engage the service-users as much as possible in a positive way. Similarly most LAC reviews took place in the foster carer’s home, for example, and one of the roles of the independent chair was to make sure that the voice of young person was heard (though practices varied considerably in relation to how they carried out this element of the role).

Reporting

A considerable amount of social workers’ time was dedicated to reporting, and this is the third broad category identified in what social workers do. This was the least favoured and most-criticised type of activity by many social workers. Social workers were involved in two main types of reporting: keeping up to date with the basic case records, and writing formal reports and reviews. The first of these involved typing up any activity that happened in a case into the chronology file (an account of key events kept for each case). This would include everything from, for example, short notes about discussions with other professionals about a housing application, to long and detailed accounts of home visits.

The task of writing reviews/reports for LAC reviews and child protection conferences was generally considered by workers to be more challenging, as such reports were often rather long (typically 20 pages or more) and complex. They included many boxes to complete, each one referring to a different aspect or sub-aspect of needs, risks and the expected development in the life of the child or young person. Finally, the most time-consuming types of report were reports and applications written to courts and other legal tribunals such as the adoption panel. These would often involve managers extensively both in discussing the content and structure of the report and often in helping to draft or revise reports.

Report writing was unpopular among social workers, partly because many of the reports – particularly those for LAC reviews – were identified as involving long and unhelpful forms. But they were also unpopular because the purpose of these reports was (at least partially) to evidence their work to other people. This may be a necessary element of the work, but it certainly contributed to the unpopularity of the task. Report writing was also a highly time-consuming activity. A one-hour visit could produce two hours of writing a visit report. Child protection reports and court reports could take several hours or even, for long court reports, days to write.

In writing reports to courts or adoption panels, social workers contributed a vital element to the most crucial part of the decision-making process about children at high risk. Accurate recording of the chronology of the case was widely accepted to be crucial for any future social worker (including those that completed them) when coming to make decisions in the case. It also appeared to be the case that the process of writing could help the social worker think about the case in a more systematic way and encourage them to reflect about their assumptions about or actions so far in the case. This was perhaps true for all reports, but was most obvious in relation to child protection conferences and court cases. Here we observed a number of times workers and managers discussing a report in a way that led them to question their current “position” and whether further actions or assessment was necessary. Thus, report writing included thinking, collating information and a complex process of ongoing analysis and planning.

Managers were highly aware that reports would be read by external bodies (e.g. judges, inspectors) whose potential criticism of the level (or lack) of reporting could be damaging to the organisation. Local authorities differed considerably in how much they emphasised this fact to their staff, however even in local authorities when this was not emphasized, as in LA1, writing these reports was a less popular activity amongst workers. It often seemed to be considered not ‘real social work’ by staff, who often expressed a desire to be out working directly with children and their families more.

The relatively long nature of reports, and their box-filling, non-narrative format, meant that they were not always very user friendly when read by service-users. This was

particularly acute for LAC forms and some CP conference reports. Court reports were very long, but the narrative structure and the fact that parents had their own solicitor made service user understanding less of an issue. In contrast, LAC forms seemed poor ways of communicating with children and young people, whatever their other strengths. It was not always easy to identify a small number of specific issues and specific actions, and the limited time they had to digest this information made matters worse. Service-users typically received the reports a short time before some kind of deadline (e.g. a Child Protection conference), and did not take an active part in the writing of the documents. Even in the minority of cases in which they did comment on the plan or review, this seemed like a token gesture as the service user input rarely led to any significant changes.

Social workers had little control over the submission dates or formats of these documents and on some busy weeks they felt they had to find room to do a “real” social work job amidst a very tight schedule of report-writing deadlines. There was also a lot of repetition between different reports, and social workers sometimes complained that members of the system do not ‘talk to each other’. For example, in cases where a child was subject to a Child Protection plan and was also in care, social workers had to prepare the Child Protection plan and report and LAC review materials on two different documents, even though the material and concerns were very similar.

The volume of report-writing meant social workers had to be highly organised, and for their reports to communicate information effectively they needed to have strong written communication skills, and a convincing writing style. Indeed, one of the ways in which the competence of workers was informally judged by managers appeared to be on the quality of their written reports.

Report writing also provides a useful insight into the formal and informal lines of “accountability” that operated for social workers. Reports were read and commented on by four main groups of authority figures:

- Managers,
- Inspectors,
- Independent review/ conference chairs and
- Judges/magistrates/guardians in court cases.

Report writing has a key role in justifying practice and presenting the worker as a professional. The number of different audiences that needed to be satisfied – quite apart from the parents and other professionals who read reports – illustrates one of the paradoxes at the heart of practice. Much of workers’ practice is usually highly private in

that it takes place in the family's home, and yet the processes for writing and reporting on it are very "public" and require satisfying multiple audiences, including managers, independent chairs, other professionals and judges or solicitors for parents. Many of these individuals have considerable formal or informal power in relation to workers.

3.3 Chapter Summary

Children's Services deal with very high levels of demand. A key element of their work involves filtering out referrals to ensure only the families with the most serious problems are allocated. As a result families worked with longer-term tend to have complex and usually entrenched problems

Usually they also have an element of actual or perceived non-cooperation with other services. Given the very risky circumstances with which social workers deal, ongoing risk assessment is a key element of the work. This is generally structured around three key decisions, which are thought of as "thresholds":

- Closure;
- Moving to or maintaining the case in a long-term team with 'child in need' status;
- Moving to or maintaining the case in a long-term team with 'child protection status';
- Initiating legal proceedings for removal of the child from the family.

The work of social workers consisted of three key elements:

1. Assessing risk, which requires:
 - Collection of information (primarily from meeting family members, liaising with other agencies and collating historical information)
 - Analysis of information (in part through written reports but also by presenting analysis in supervision, professional meetings and (for LA1) unit meetings in ways that other members of the organisation consider acceptable and professional)
2. Working to create change for families, which requires:

- Changing circumstances – often through referrals to other agencies, acting as an advocate or sometimes accessing resources from within the agency. This was a form of case coordination/advocacy role.
- Changing families – a primary way in which change was expected to be achieved was by referring families to other agencies. Again, brokerage and service coordination were crucial elements. To a lesser extent workers tried to achieve change by working directly with children, parents or the whole family.

3. Reporting on their work.

This included managing formal processes such as child protection conferences, to ensure that the professional image of the worker, their team and department was sustained by well written reports and presentation at LAC reviews, case conferences and most importantly in court.

In addition, there was a substantial administrative expectation relating to responsibility to record actions, be accountable for resources and complete IT requirements. Workers spent much of their time on various forms of administration.

The challenging nature of the families and the complexity of the social worker role required a wide range of skills in effective workers including:

- Administrative and organisational skills
- An ability to engage and work with families in very difficult situations
- Skills in liaising with different professional groups and
- Ability to analyse and present complex data

This chapter has focussed on the common elements in the families worked with and the roles of the workers across the three authorities. These similarities provided a general context for understanding the nature of work within Children's Services. Yet there were very significant differences between the three authorities, and in the next chapters we focus on these differences. Chapter four begins this process by describing the functioning of teams and units at a general level, before subsequent chapters present a more comparative analysis across authorities.

4 How teams and units function

The previous chapter outlined common features across the three authorities in relation to the broad nature of family issues and types of work undertaken within Children's Services. This chapter provides a descriptive account of the differences between the unit based way of working and more conventional approaches.

One of the findings from this study is that the systemic unit model approach is not simply about structure; practice is influenced by factors beyond the structure of teams or units. Some of the broader organisational factors required for systemic units to function are discussed in the next Chapter. Nonetheless, one of the key aims of the research is to unpack what the unit approach involves in practice. This is particularly important for other authorities or agencies thinking about a move away from conventional teams. This chapter tries to provide an in-depth picture of how teams and units worked in practice.

A second crucial finding from the study was that in all the authorities there was considerable variation between teams or units. In this chapter we therefore present findings about the common features of conventional teams and of the unit model, as well as trying to capture variations within each broad approach to service delivery.

The analysis presented here is based on our 6 months of observations in LA1 and LA2 and 8 weeks in LA3. As noted in Chapters 2 and 3, both LA2 and LA3 had specific issues that influenced many elements of what we observed. In a nutshell, there are important differences between the authorities that are *not* related to the unit or team structure for delivering services. As a result, the danger here is that we may be comparing apples and oranges; differences we describe may be due to factors unrelated to the systemic unit approach.

This consideration is one of the reasons that this study focuses on an in-depth description of the participating authorities more than on outcomes. Our concern is that a premature focus on "outcomes" might lead to a simplistic ascription of differences as being due to units versus teams. Instead, we wish to explore and understand better the differences between the authorities through an in-depth observational approach. We are metaphorically trying to describe and analyse the differences between apples and oranges, rather than saying one is better than the other.

It is also important to emphasise that this picture of organisational arrangements and social work practices across the three authorities is of a specific period in time. All three authorities have seen very considerable changes *since* the study took place. This has included the opportunity to respond to the issues raised in interim reports.

The chapter starts by describing the context for data collection across the three authorities. It then considers the more conventional teams in LA2 and LA3. This involves a section outlining in some depth the common features of conventional teams and then factors underlying variations between teams. The chapter then turns to the systemic units. Again, it describes the key features of the units and then considers variations between units. The chapter concludes with a brief summary of key results.

4.1 Data collection in conventional teams

Local authority 2

We observed practice in four different teams in LA2: two child in need teams (who worked with children in the community), one looked after children team and one leaving care team. Each of these teams was relatively large (from a minimum of 10 to a maximum of 15 people), with a Team Manager and two deputies (DTMs) (a third joined during our observation period). Our data collection focussed on one part of each team – namely a DTM and the 5 or 6 workers they supervised (see Chapter 3). However, this demarcation was least clear for observational data collection, which often involved data collection across the whole team.

A few weeks into our observation there was an Ofsted inspection. As noted in Chapter 2, this inspection raised concerns around the assessment practices in LA2. One impact of this was that the Assessment teams pulled out of the study before we could gather any data from them. However, the impacts on the organisation were profound. Senior managers left and interim managers arrived following the inspection. A second Ofsted inspection was due shortly after, and indeed it occurred during our period of observation. Given the issues identified in the first inspection, this inevitably became the focus of considerable attention from managers and workers. Amidst all these changes, workers continued to work with often very challenging families or young people in care; line managers tried to support and lead their staff (with varying degrees of success). Yet they were doing so in a context that was challenging for workers and managers. This inevitably shaped what we saw. It is particularly important to take into account the ways in which these events influenced the data collected. In comparing LA1 with LA2 we are not just comparing units with a “conventional” approach to delivery of services. There are many other differences between the two – some of which may have led to the poor Ofsted findings, and others that arose from the report and the local authority’s need to take action to address the concerns identified.

This highlights the difficulty of comparing across authorities – a finding we expected, which informed the research design and which influences every element of the study. Indeed, to a large degree the research is a study of how and why Children’s Services vary

between authorities (and even between teams). There are complex factors that interact to produce practice in particular contexts, and the study tries to unpack some of these.

Local authority 3

We approached LA3 during the study. This was partly because, as noted above, we had not been able to collect information on the assessment services in LA2. However, it was also because we were concerned about the comparability of LA2 with LA1. We therefore chose an authority with a good reputation (as identified through informal contacts). This reputation was in many respects justified by our observations, and was also supported by the findings of an Ofsted inspection that occurred during our time in the authority.

It is important to emphasise that our period of observations in LA3 was considerably shorter – at 8 weeks - than in LA1 and LA2. In fact, due to the very high levels of cooperation with the researchers we were fortunate enough to be able to observe a very wide range of practice in a short time period. However, this time period was one where the authority was going through some particular challenges. As our window of observation was shorter we were less able to observe what the organisational practices would have been during less challenging times.

Two challenges were particularly pressing for the authority during our period of involvement. The first was that the authority was in the process of moving away from a model of multi-disciplinary working toward a more traditional approach in which social workers carried out child in need and child protection work. This is discussed further below. There was almost universal staff support for this move (at least from the social work staff), but it was creating considerable disruption and change, with workers and managers changing roles and all the consequent challenges that tend to be associated with such a process.

The second challenge was that the managers felt that an Ofsted inspection was imminent and – particularly in the context of reorganisation – they wanted to ensure that everything was in place to maximise their opportunity to do well in the Inspection. The managers were right: Ofsted came while we were there. However, their coming coincided with the end of the observational element of the study. We therefore observed the authority at a time of particular pressure, and consequent potential stress for workers.

The Impact of Context on the Research

It is thus important to emphasise that both the comparison authorities went through considerable change and some disruption during the time we were there. In fact, this was not confined to these authorities. LA1 had a change of senior manager, several other key staff left and they had a “dummy” Ofsted inspection while we were there. These

changes are outlined in more detail below. However, there was a sense that the overall direction of the authority in LA1 was more stable than in the other authorities. The systemic unit model had been introduced some years before, and people were now relatively comfortable with it. Senior managers and the basic structures had been in place for some time.

In an ideal world it would be good to compare two local authorities in a “stable state”, however the reality is probably that change is at least as normal as stability. The approach taken in this report is to try to understand and describe relevant differences, rather than attempt to find an ever-elusive perfect match; we think that the best that comparative studies of Children’s Services can strive for is to understand and take account of differences. We therefore return to these differences throughout the results and in the discussion.

As noted in the samples section of Chapter 2, LA3 varied in other important ways from LA1 and LA2. It was not a London borough, but a unitary authority in the South of England. The ethnic profile of the area differed from the other authorities, and this influenced the nature of the work that presented. For instance, there is a large Asian population in LA3 and we observed several instances of issues specifically associated with this group. This included, for instance, issues around forced marriage and threats of “honour killings”.

LA3 also had an important organisational difference to the other LAs. LA1 and LA2 had specialised units and teams for assessment, children in need, children in care and looked after children. In LA3, a specialist assessment service dealt with comparable cases to the assessment units in LA1 (though with some differences we discuss below). However, the community teams dealt with a full range of work, including children in need and children in care.

Variations in response to the researchers

The welcome for the researchers was most varied in LA2. There were a couple of teams which actively planned for the arrival of the workers, welcomed them and had arranged programmes of observations that clients had been informed about. However, in other teams there seemed to be little awareness of the research – despite many emails within the organisation, some of which we had been copied into. Researchers arrived on occasion having been forgotten about by the manager responsible, and one team appeared to have no idea the research was to take place until the researcher turned up (as arranged with managers) and explained it to them. Fortunately they did not object to the study. Indeed, while the degree of welcome varied hugely in LA2, workers were remarkably accommodating to the process of the study. Some did not want to be observed, but most allowed researchers to accompany them, often on complex visits or challenging office meetings. As a result we were able to observe a wide range of practice,

including dozens of direct sessions with clients and inter-professional meetings, as well as a wide range of office activity including supervision and other usually private meetings. This included interviews that have traditionally been very difficult to observe, such as clients being abusive or threatening to workers, parents being informed of the removal of their child and complex multi-agency meetings.

In contrast, our welcome in LA3 was universally very warm. Managers knew we were coming and had briefed staff. Workers were incredibly accommodating, indeed in general they seemed to welcome the opportunity to let someone independent know about the work they were doing, the pressures they were under and the ways that they managed the challenges.

In general, observers often found that in the first day or two of observation staff might be somewhat wary, but that as they got used to the researchers being there and began to trust them they would invite them to see the full range of work they undertook. A challenge for the researchers was often not to get drawn into offering opinions about family situations or cases.

Families were equally accommodating. Some parents did not give permission for workers to observe interviews, and on a couple of occasions during an interview it was decided that the observer should leave. Yet almost universally parents seemed to welcome the presence of researchers, sometimes commenting that it was good that people were finding out what social workers did.

In the next sections we identify first the common features of the teams in LA2 and LA3. We then unpack key differences between teams. This is followed by an in-depth discussion of the nature of the systemic units.

General features of teams in LA2 and LA3

Common features of conventional team structures

We start by outlining some of the common features of the teams in LA2 and LA3. Here we do not comment on wider organisational issues: these are considered in the next chapter. Rather we are looking at particular common features of the more conventional model. We identified four key elements of the organisational model that together helped shape practice in LA2. These shared key features were:

- Hierarchical management and the role of Team Managers and Deputy Team Managers,
- Other team roles,

- Team meetings,
- The very “private” nature of the work.

Hierarchical management and role of managers

A common feature of all the teams in LA2 and LA3 was a linear hierarchical management structure: workers were supervised by a line manager, who in turn was supervised by their manager. In fact, it is not possible to imagine Children’s Services without hierarchical management of some sort; what is specific about the conventional model is that in general (and certainly in the observed authorities) the lines of accountability and power go in a relatively straight line, as implied by the term “line manager”. These are exemplified in the diagrammatic depictions of responsibility that are a feature of most or all Children’s Services Departments, which show lines of accountability that can be identified for each individual at the level above.

In LA2 and LA3 the immediate supervisor for most social workers was the DTM, though in LA3 community teams, who did not have DTMs, it was the TM. This structure influenced almost all the other findings we report for LA2 and LA3; and the less linear structures and roles in LA1 were a key feature of the systemic unit model and influenced many of the differences we observed.

Linear hierarchy influenced the creation of social work practice in myriad ways. One of the most obvious elements of this was that the supervisor for a case tended to be involved in a wide variety of key decisions. As outlined in the previous chapter, this included decisions about key “thresholds” such as case closure or the need for a child protection plan. Line managers would also have to agree many resources, including any directly provided financial resources for families or some referrals for children or families.

In general, most case discussions took place between a worker and their supervisor. This would happen at regular supervision sessions, when cases were discussed in more depth. These were the key forum for decision-making about families, particularly in relation to “big” decisions such as thresholds for work, removal of children or case closure. They were not the only places for decision-making. Important decisions, such as care entry, would usually involve a Team Manager and higher level managers. On the other hand for many minor issues there was a more frequent ongoing process of involving managers in decision-making that would take place through informal discussions between line managers and workers. Practice in relation to this varied considerably between teams, as outlined below, but all had in common a tendency for managers to be frequently asked for their view or minor decisions on cases.

An excellent example of this process of managerial decision-making comes from the notes of one researcher who was shadowing a manager for a day in an assessment team (in LA3). The day described below may seem like a busy day, yet in fact the manager commented that it was not. Our observation was that the nature of the interactions was fairly typical of the demands placed on DTMs or TMs. We present a highly edited version of field notes from shadowing during the morning to give an indication of the key role that the supervisor has within the conventional model. Even edited it is an unusually long excerpt, however we feel it is justified because it not only exemplifies the role of the first line manager, but also provides a vivid description of what life is like in a Children's Services office (some case details have been changed to ensure anonymity):

The day started with the DTM showing me the lists of activities generated by the computer that he has to deal with in the next 5 days. There are at least 30 referrals where he has to read the social worker's written entry and authorise actions, such as closing the case or allocating for further assessment. He starts the day doing this. A social worker yelled across asking him to authorise something before she could move on to the next stage. The duty manager authorised the referral immediately and this duly generated the next stage of paperwork for the social worker. [There was...] A constant stream of workers coming up to the desk for advice, his signature, putting things in his in-tray and calling out to speak to him. ... At 10.30 the DTM started allocating cases on the computer.... He then helped a worker from another team find keys to a filing cabinet as Team Manager is currently on leave. One worker called out that she cannot possibly do everything she has been given today, and DTM helped her identify the priorities for the day.

This was followed by the first strategy meeting of the day. This lasted 50 minutes and involved two teachers, a police officer, a social worker and the DTM. The meeting was regarding a 12-year-old who had been seriously assaulted by her mother. Priorities were establishing the facts of the assault and deciding a course of action. The DTM also had to manage inter-agency friction resulting from a delay in the referral being made.

This was followed almost immediately by the second strategy meeting of the day which lasted one hour and involved a teacher, a social worker and the DTM. The meeting resulted in an in-depth plan to address risks associated with a violent ex-partner who appears to be sending anonymous letters threatening to kill the mother and child. ...Back in the office, the DTM gave a worker advice on a domestic violence disclosure request and agreed next steps on another case where a parent who had had children removed recently had given birth to new baby. While back in the office ... the DTM dealt with a vast array of tasks.

Below, these are described under three broad categories, though much of the time the DTM was responding to demands and cases as things came up:

- Talking to workers about referrals and re-referrals.

- A newly qualified worker was dealing with a referral about a well known client and discussed with the DTM whether the woman is pregnant.
- A referral that a professional had allegedly injured a child. The worker was tasked with arranging a strategy meeting with the police.
- A tricky re-referral for a case recently closed by a neighbourhood team. It was re-referred one day out of the 3 month period in which a referral is automatically sent back to the previous worker. DTM advised the worker to speak to the team to see if they will take it back.
- A referral received on Friday regarding sex trafficking...a raid had taken place over the weekend and so Children's Services would proceed in supporting the mother and child. Advice given to the worker
- The DTM took a phone referral from the police about two children who live in a different LA. Then he instructed a worker to send a letter to the father to make him aware.
- A telephone referral from a head teacher was redirected to the DTM by the social worker as the head teacher would only speak to a manager. The DTM was calm and reassuring dealing with the head teachers' anxiety.
- Authorising actions or administrating decisions
- Someone needed a signature on their work sheets.
- A worker came in chasing the DTM for authorisation to move to next stage in relation to a referral.
- In another case, the DTM checked and agreed a letter of referral prepared by a social worker for a psychiatric assessment of a mother's mental health.
- Giving workers advice and reassurance
- A worker asked for advice and the DTM suggested appropriate referrals for support services.

- Social worker came to DTM with problems with a family getting thrown out of a hotel after being denied access to public funds. The DTM advised the worker to tell the family to go elsewhere for funds or go back to the EU country they are from, as money would no longer be available from Children's Services.
- A new worker was given advice on presenting issues to admin i.e. how to clarify issues on write-ups.
- A worker queried a case allocated to her as she is on holiday next week. She thinks it may need immediate action, but the DTM reassured her that she can deal with it on her return.
- The DTM spoke to a worker about a letter he had received from a mother explaining she was sorry for her child coming to harm and detailing the stress she was under. A strategy meeting was due to take place in the afternoon and they discussed different reasons letter might have been written. The DTM suggested they raise the issue at the strategy meeting.
- The DTM discussed prioritising with a worker who had received a lot of requests for LA searches from a fostering agency (i.e. are prospective carers known to LA). His advice was that this is not a priority at the moment.

And all of this before a rushed, late lunch was eaten at the DTM's desk. These notes capture something of the hectic nature of Children's Services, particularly in assessment services. They also illustrate the key role of the first line manager within the conventional model. We observed interactions such as these constantly while shadowing workers and managers, and also as observers in the office. There was variation between different teams. This was more typical of Assessment. Longer-term teams had fewer pressing decisions to be made, and Looked After Children teams had still fewer. Yet overall this type of day, where the first line manager acted as a key point for decision-making for the workers they supervised, was fairly typical across conventional teams.

The most obvious point to make is that the junior managers – the supervisors of frontline workers - within Children's Services had an enormously important role to play. This type of constant case decision-making required a combination of particular skills and attributes. Managers had to have a good working knowledge of a large number of families. Researchers were constantly impressed by the capacity that managers had to remember a large number of different families. Where they did not remember immediately, the worker would usually prompt them with a few details of the case and they appeared to recall the family. Second, they needed to make good decisions, often

with limited time. This required managers to be decisive, but to balance this with the wisdom to know when more complex discussion was required. In practice, decision-making was usually simplified in a variety of ways. One of these was, as noted in the previous Chapter, by focussing decision-making on certain specific threshold decisions. This served to move the discussion away from more general considerations of how a child was doing and what might happen to them toward a more focussed discussion answering questions such as “is this child at sufficient risk to require a child protection plan?” This type of simplifying process can be seen in the work of the manager above. Questions become simplified around particular thresholds and questions: do the police need to be involved? Is this a child protection investigation?

Complex decision-making was simplified in other ways. For instance, there was a general tendency to try to avoid giving clients money or financial support. This was because budgets were limited but also more generally, as one manager commented, Children’s Services are “not a benefits agency”. In practice, across all three local authorities, to obtain money or vouchers for a family a worker had to show that a child would suffer if a payment was not made and, crucially, that *every* other potential source of money had been tried and failed. In practice, this much simplified the conversations: managers would probe that every other option had been explored. If workers could show that they had, then they might be able to get a payment (though even then sometimes managers would decide not to authorise payment). For instance, in the example above of the family told to go to their consulate, they had previously received payments from Children’s Services. The DTM commented that the authority had been “too soft” on them and that this “had to stop.” He then identified the Consulate or a return to their country of origin as proposed courses of action.

Agreeing financial payments was one of the most straightforward examples of ways in which organisational cultures simplified decision-making. However, others existed for different issues. Thus, for instance, key questions to help a manager make a decision might be about timescales (had the work been completed in the required amount of time?), whether other key agencies involved with the family had been contacted or provided input or the completion of appropriate computerised records. Often the discussion would be informed by a manager’s awareness of common mistakes that could be made in relation to a case, or the importance of making sure that the local authority were the appropriate service and authority to undertake a piece of work. This was particularly common in Assessment services in all the authorities (as can be seen in the example of the family where the children lived in another authority above). An obvious question was often about the address of the family: did they live in the authority? This was often not as simple a question as it seemed to be. All three authorities dealt with children in families that were homeless, families that moved often and instances of children living with different parents on different days. It was therefore crucial to ensure the correct jurisdiction was established.

Much of this was a way of dealing with the overwhelming volume of work. Given that needs far exceeded the ability of Children's Services to respond to them, workers and managers (in particular) had to prioritise families. A simple way of doing this was to ensure that the particular demands could not be met by someone else – whether that was the benefits agency (for financial problems), the school (for lower levels of demand) or another authority (if there was doubt about where the child really lived).

First line managers were almost all extremely adept at this type of questioning. They understood national policies, local procedures and had an awareness of local resources, customs and practices. This allowed them to help workers negotiate the complex process of managing the demands of often overwhelmingly needy families.

These ways of simplifying the number and complexity of decisions required of managers were certainly important. Yet, however adept a manager was at fitting the complex range of questions asked by social workers to the realities of the organisational response, there was also a high degree of professional expertise required. Many of these decisions were important for families, and while some of the simpler ones could be reduced to a decision to get the family to go to the benefits office or a referral to another authority, many others required decisions about child risk and appropriate responses.

Here a particular feature was that managers were pragmatic masters of the possible. They would manage cases by balancing the needs and risks for the child, the attributes of the parents but particularly their perceived level of cooperation and the organisational resources for responding. This is a challenging process, yet managers were carrying out such decisions frequently each day. In the above "Day in the life" example, there are several examples of this, but it was most obvious in the strategy discussions. These strategy discussions of different cases nonetheless shared, in common with most of the strategy discussions we observed, certain core features:

- **Sharing of information:** a key aim for a strategy meeting was to share information, and this was indeed one of the key functions that it had. Much of the early part of the meeting would involve different professionals sharing information.
- **Working with uncertainty:** even when information was shared, it was normal for there to be more unanswered questions than certainties. Often other unexpected issues would emerge, such as the presence of violence in the home or underlying mental health issues. The extent or nature of these issues was often unknown and therefore decisions needed to be made – particularly in the early stages of a case – in conditions of great uncertainty.
- **Negotiating different constructions:** in part because of this uncertainty, there was often a complex process of negotiating what might be happening in the family. A parent might be constructed as a perpetrator of abuse at one point, and then argued

to be a victim of circumstances in another. The letter from the mother in one of the strategy meetings noted briefly above is a good example of this. She expressed remorse, and perhaps this was a positive. Yet the DTM and social worker were less certain. They thought it might be a ploy to cover her tracks, and believed she may have received legal advice to do so. In the absence of certainty about motivations, different interpretations were put forward by different people.

- Managing professional relationships: it was not uncommon for strategy meetings and other professional meetings to involve explicit or implicit disagreements between professionals. In particular, the fact that the evidence was not sufficient to be sure what was happening, or to be sure what would happen in the future, meant that different professionals would present different accounts about what had happened or would happen. These were in part based on the individual's access to specific facts, but was far more often related to their understanding of the existing facts and their interpretation of the evidence. A recurring theme across all the authorities was that other professionals were often working quite hard to get Children's Services to "do" more, while social workers tended not to see cases as at the same level of risk as the other professionals. (We assume this is at least in part because social workers dealt with high risk families all the time).
- Making a plan: all professional meetings tended to result in a plan consisting of actions expected of professionals and sometimes family members. It was noteworthy that for families the social worker was almost invariably the person with the most actions to undertake in these plans. In light of the lack of certainty, strategy meetings tended to result in plans that usually involved gathering more information, with key tasks tending to be the social worker to meet the family to talk to them about issues and contact key agencies not at the meeting.

Line managers in general seemed to manage this uncertainty with comparative ease. They usually took the lead in drafting the list of actions required, which often involved identifying ways that the social worker or other professionals might reduce the "unknown unknowns" and make it somewhat easier to ascertain what was happening. They did this not only in meetings, but throughout their day to day meetings with workers about cases.

The ability of line managers to provide this ongoing feedback and decision-making was of crucial importance to social workers. In this respect there was enormous variation between teams. Two elements of this seemed particularly important. The first was the availability of the manager. Some managers had a very active presence in the office, while others were elsewhere far more of the time. Managers who were rarely present had a major detrimental effect on workers. We observed two teams where the manager was often absent during our period of observation (one in LA2 and one in LA3) and in both

instances it had a major impact on the workers. This is discussed further in the next section.

The second element that was important was the degree to which workers felt confident in the decisions of their managers. Overall, most workers seemed happy with the decisions that were made, and they certainly felt happier with a manager who made decisions than one who did not. Inconsistent or indecisive decision-making created considerable problems for workers, and led them to feel anxious and unsupported. Yet there was considerable variation in the extent to which workers were satisfied with the decisions their manager made. There were managers in both LA2 and LA3 who workers expressed considerable concerns about. The comments in some of the interviews reinforce this impression (see Chapter 5).

Managers also provided decisions in supervision. Our direct access to supervision was in fact more limited than direct observation of practice, with only six sessions observed. However, workers and managers also talked at length about supervision in formal and informal research interviews. In general, supervision happened about once a month and involved formal discussion of cases. The degree to which every case was covered in supervision varied. The most usual pattern was for the more active cases to be covered, with other cases either not covered or to receive a very swift check up for progress or changes.

The format of supervision and the way it was described was fairly consistent across teams and LA2 and LA3. Supervision generally involved the worker updating the line manager on developments for families, including whether they had carried out agreed actions. The supervisor would then usually make suggestions or tell the worker the actions they expected to be carried out. For instance, following a complex home visit (observed by the researcher) in LA2 in which the mother seemed very low and it came to light the father who was previously violent might be back in the home, the social worker had supervision that afternoon:

{The social worker explains about the complex home visit}. “The deputy is very good in recording and deciding and communicating to the social worker in a convincing but not authoritarian way. She tells the social worker she should go and meet [the mother] again later today to see if this is about the partner or about mental health issues. She also says she should insist on meeting the father and suggests some practical ways to get around the fact that he doesn’t answer his phone. She also suggests getting in contact with other agencies that should have information about the mother’s engagement with them. The social worker agrees with all the tasks and they move to the social worker’s other cases.”

Here again we see the key role of the first line manager in decision-making. They were the key decision-maker for most cases. However, in doing so they also have a very

important role in specifying the expectations of workers. Indeed, while practice varied between teams, different managers and for more or less experienced workers, the key role of the supervisor was consistent across all conventional teams. They did more than set the tone: they tended to specify the nature of the work expected from workers. In a very real sense they defined what social work was for their workers.

A further element of individual supervision was responsibility for the well-being and professional development of workers, or performance management where there were problems. In fact, we observed relatively little of this explicitly being addressed. It was clear from the interviews that – at least some – workers would discuss wider issues relating to their well-being and professional development. However, often finding time for this element of supervision was difficult.

In addition to formal decision-making in meetings and during supervision, and informal decision-making and advice, line managers had a third key role. They were particularly important in generating team atmosphere. This was not solely a product of a particular manager. The mix and contribution of workers was crucial. Yet it was obvious – usually from the first introduction to the team – how crucial the junior managers were in creating team cultures. Some managers seemed to take a particularly nurturing approach to this element of the role: one in LA3 tended to make her team cups of tea as they arrived in the office, while another in LA2 ensured there was cake and fruit for team meetings. Others did so through a more “managerial” approach. For others the manager was not around much or seemed ineffectual: for instance, a research observed a manager telling a worker to stop listening to music on headphones as there were phones to be answered. The worker simply ignored them, and the manager left. This team had a far less cohesive atmosphere.

Other team roles

In LA2 and LA3, teams comprised between 12 and 20 workers. In both LAs, the team roles reflected the hierarchical and linear model for management of services: there was a line of accountability and decision-making, with TM at the top, then DTMs, social workers and social work assistants (who generally held less complex cases or did specific pieces of work on cases held by social workers). Teams also included some Senior Practitioners, who tended to work on the more complex cases, e.g. ones that were in the pre-proceedings stage or in court. Students occupied a position somewhere near the bottom of this hierarchy – being managed by one of the experienced social workers – though they had a somewhat anomalous position as temporary members of teams. The way that students were treated also varied considerably, with the character and experience of the student being a key factor to be considered.

These large teams had administrators, however they were in general busy processing computer-related work. They had little day-to-day input on cases, and in general while socially they were a part of the team their work seemed to be directed elsewhere: to the wider needs of the organisation perhaps. They were people who specific pieces of information were sent to, to be put onto computer systems. Almost always they seemed very busy.

Team meetings

In most of the teams the aim was to hold team meetings fortnightly, though in practice this sometimes happened less often. For instance, on one occasion in LA2, a team meeting was due to take place but very few workers were present. Around ten minutes after the meeting was due to start the TM walked into the office wondering where everyone was, and commented that it looked like the meeting wouldn't be going ahead.

The format of meetings varied considerably. They tended to involve discussion of practical matters that affected the team (such as printers not working or staff leave), cases entering the team or being closed and local authority developments and wider issues. There were instances when cases were discussed, and one time when a "theory" was discussed (attachment theory), however this was relatively rare. Several teams had some sort of "checking in" with people where they could say how they felt, but in fact we did not observe teams as forums for staff to talk about their feelings, either about cases or on a personal level. Instead they often acted as opportunities where staff voiced their concerns or dissatisfaction with elements of work in their local authority.

Private nature of the work

One of the striking features of the work in conventional teams was that the direct work with clients was to a large degree a private affair. This was certainly true when compared to the systemic units. It was carried out between the social worker and the parents or children, usually in the family home and – when our researchers were not there – to a large degree this element of the work was not seen. Joint visits were relatively rare in the conventional teams. They tended to occur when there was some specific difficulty, such as a potentially violent client or a difficult decision to communicate to a parent or a young person.

This privacy of the work meant that the worker's ability to tell the story of their work became very important. The manager had a crucial role in decision-making – but the worker shaped decisions by the way that they portrayed the interview. In fact, whether in informal decision-making or more in-depth supervision discussions social workers had to summarise complex interviews. This ability to "talk the talk" of the work they had

done was a crucial skill. As noted by others (Pithouse, 1998, Scourfield, 2004) it formed a key element in how workers credibility was judged within the organisation: succinct and credible reporting of work undertaken was crucial to allow managers to perform their decision-making function.

In relation to this, some workers were very skilled at painting pictures that would tend to allow managers to make certain decisions. Thus, we frequently saw social workers “making a case” for a family to be closed or, less often, for care proceedings to be considered. This was an important part of the social work role – but its importance was very considerably heightened by the fact that the supervisor might have limited or no direct contact with the family. They were therefore very dependent on the written and verbal accounts of work provided by social workers.

4.2 Variations between teams

Thus far we have tended to focus on the common features of teams within the conventional model for service delivery, yet even in doing so it has been necessary to highlight the fact that teams varied considerably. In this section we unpack some of the key differences between teams across the authorities.

One obvious difference between teams was the workload experienced by social workers. Even within the same authority teams varied very significantly in the level of apparent “busyness”. This seemed largely related to caseload. Two factors seemed particularly important in influencing this. One was simply the level of demand in a particular area covered by the team. The other was the approach of the manager: some seemed to manage cases coming through very tightly, returning some, closing others and continually reviewing cases to make sure they were closed. It is not possible for us to know why some teams were busier than others, but we suspect that both level of underlying demand and the practices of managers were important. Yet, whatever the reason, teams where workers felt very busy, and sometimes actively overwhelmed, had a very different “feel” to those where this was not the case. In teams that had very substantial caseloads we heard workers talking about how stressed they were, about not sleeping and working long hours, about feeling unsupported and about leaving the job or the profession. In contrast, other teams – even in the same local authority – could often present as relatively calm and contained. Level of workload was the single most important issue in creating this difference.

The other differences between teams all tended to result from different Team Manager styles. In general workers in LA3 tended to talk positively about their managers, but the availability of the manager and their style of work varied enormously.

In Team A the TM was perceived as very efficient and “businesslike”. The researcher commented that they had an extraordinary knowledge of the families within the team. There were more than 150 children allocated in the team, yet the researcher never observed the TM not knowing about a child. In a second team (Team B) the TM had a far more informal style. S/he tended to be in work early, made all their team tea and coffee and chatted about casework and what was happening with families. In interview s/he said “my door is always open” and this certainly seemed to be literally and metaphorically true. Much of the business of the team was carried out in informal discussions throughout the day. The third team (Team C) had a different flavour again: the TM was clearly very busy and was away in various meetings for much of the 6 weeks we were there. Here, the best description for what we saw was that to a large degree the team managed itself. Decisions – including on one occasion taking children into care in an emergency – were made by staff, often in consultation with more experienced practitioners. Across teams B and C workers reported receiving little formal supervision.

The contrasts were even more stark in LA2. Here we observed one manager who seemed completely on top of the work and his/her team. Despite the many challenges that emerged in the authority – and in the work – during our time there, s/he remained calm and well-organised throughout, s/he provided regular supervision, clear direction for workers and this was reflected in a relatively content and professional and committed group of workers. In contrast, we observed other teams where managers seemed very stressed, or where there seemed to be relatively little clear leadership provided for workers. In the next chapters we look at differences between workers in the different authorities and compare the practice we observed. Here it is sufficient to say that the high levels of stress and concerns about practice were concentrated to a substantial degree in these teams where there were managers who seemed to be struggling in their role.

The managers involved were themselves conscious of this. One felt that the team was over-burdened with work, that s/he had several workers where s/he felt there were “performance management” issues and s/he said that senior management in the authority had been reluctant to address such issues. A particular feature we noted in LA2 that was not strongly present in either of the other authorities was explicit disagreement between workers and managers about what should happen in cases. There were several instances when workers and managers had quite heated disagreements about what should happen in relation to a particular child or family – particularly with workers thinking children should come into care. It is not possible from our data to say that worker or manager were “right”, but it was noteworthy how different teams were in the level of disagreement; and disagreement was far more of a feature of teams where workers and managers expressed dissatisfaction with practice in the team (though they differed about the reasons for what they identified as poor practice, with managers seeing poor workers as an issue, and workers seeing managers as the problem).

The differences between teams in LA2 illustrate the crucial role of the junior managers within Children's Services. Different managers created quite different team cultures and practices. Yet despite this the similarities between the teams were greater than the differences, particularly when compared to LA1. For instance, in all the teams the responsibility for cases lay with individual workers. Thus, the team culture – while important – probably did not influence the service received by families as much as which social worker they were allocated to. Furthermore, the importance of the DTM/TM role and its essential nature was relatively consistent across all the teams, whatever the variations in how it was carried out.

One exception to this general picture of consistency across the two authorities and despite differences between managers was in the Assessment team in LA3. This seemed to be in part because it had a rather different structure, as well as a different function (focussing on initial assessment issues) than most of the other teams. The Assessment team was split into 3 sub-teams, each consisting of 5 or 6 workers and a DTM. These rotated for one week on duty dealing with incoming referrals, and then two weeks dealing with the cases they had received during that week. It was the work of this team that was outlined in the “day in the life” example above.

While on “duty” the workers in these sub-teams worked closely together. The DTM was an active and constant presence, and the group worked as a team to deal with the referrals that were coming in. There was a great deal of co-working, both with workers going out together on referrals and working together in other ways (for instance, while one did a visit another might be making relevant phone calls). This close working was less evident on non-Duty weeks, but remained a feature of the way in which these groups worked. Throughout not only did the DTM clearly know about all the active cases, but so did most of the rest of the group. As a result, these sub-groups felt in some ways like the systemic unit model – which we discuss in detail in the next part of this chapter. There was a shared ownership of the work, a relatively small group of people undertaking it together, a constant discussion about what should be done and a relatively high manager to worker ratio. There were still some important differences. The sub-group was still hierarchical – with the DTM very much making decisions - and differed in other ways that are explored in the next part of the chapter. Nonetheless, conceptually they provide an interesting insight into what makes systemic units a distinctive way of working. We return to discuss this at the end of the chapter.

4.3 Descriptive observations of the systemic units

Context

Observations in LA1 took place across six months and in ten of the units i.e. around a third of all the units in the areas of practice we were studying (see Chapter 2). The

response to the presence of the researchers varied considerably between units, and between different workers. A few of the units were very welcoming, with observers actively being encouraged to observe the full range of work of the unit. Two units seemed reluctant to take part in the study, and as the observations and interviews progressed it became apparent that they had in fact asked not to take part. While in general less direct practice was observed in these units, there was a tendency in all units to involve the researchers more in observations as relationships of trust and an understanding of the research built up.

4.4 Key features of the systemic unit model

There were variations between units. These were primarily related to the purpose of units, with some differences between Assessment, Child in Need and Looked After or Leaving Care units. Other differences were more a matter of different ways of making the model work, and often seemed to be about the preferences or style of the Consultant within the unit. These variations are discussed further toward the end of the chapter. However, the commonalities in unit working and their clear differences to more conventional models were the most striking feature of LA1: the systemic unit model seemed to all the researchers to be a very different way of delivering Children's Services. In this chapter we attempt to describe these differences.

We identified the following six core features of the model:

- Shared work,
- Quantity and quality of case discussion and reflective practice,
- Shared systemic approach,
- Special roles,
- Skills development, and
- Caseloads

Shared work

Cases were held within units not allocated to individuals, although the Consultant was responsible for all cases. This is probably the most important single innovation within the systemic unit model, as it contributes to many of the other differences – such as the need for a common way of working, increased case discussion and the specification of particular roles.

This element of the systemic unit model is perhaps best illustrated with case examples demonstrating the ways in which shared working functioned in practice. The following example is taken from field notes, and is intended to illustrate the practical ways in which units work together to resolve the frequent practical challenges in complex casework:

‘When I arrived at 9am the team were already busy dealing with a family that had arrived at the LA yesterday evening.. The father from [Africa] (Mr X) had been in this country for the past 10 years but had no recourse to public funds and the family (wife and four children) had just been evicted. Two of the children have been diagnosed with [serious special needs] (aged 4 and 8). The younger children (2 and 1) also seem to have special needs though no diagnosis has yet been made. The main issue was who was responsible for funding and helping the family. The social worker spent much of the morning on the telephone to the police, the Home Office and Immigration trying to ascertain the current position. The Home Office ... was not prepared to help in any way.

Following an interview and after many consultations with the team (Consultant and Child Practitioner), other teams and managers, the group manager in charge of the budget agreed to put up the family for two weeks in a hotel, after which time the position should be reviewed...

The next big task was to find a budget hotel that would take a family of six at 4pm. The whole team jumped into action and everyone manned the phones and searched the internet for accommodation. After several failed attempts a place was found.... The first hotel found fell through due to the difficulty of payment. The Unit Coordinator had a [council] credit card but the limit was not high enough.... [eventually the UC found a second B and B]. The UC also arranged for £20 vouchers to tide the family through for the night... It was also necessary to order a taxi for six people with a child and booster seat to take the family to x.

The unit worked extremely closely as a team and everyone helped out with phone calls and advice. They were constantly talking across the desks and seeking advice from other teams. They formed little huddles that lasted for 5 to 10 minutes. (Field notes, LA1)

This example offers a number of features that illustrate the way in which units worked, even though in some respects the presenting issue was a relatively straightforward and “practical” issue (though obviously a pressing and important one). It is interesting to note that the researcher refers to the unit as a “team” throughout, and this seemed a good description. They were working together for a common purpose. The role of the Unit Coordinator is crucial here – and the example illustrates that the UC does far more than administration. They undertake time consuming and important tasks

that social workers often get bogged down in. For this example, there was no question but that the different members of the Unit would work together for the family – because it was a family allocated to all of them. In contrast, in more conventional teams help from other workers was sometimes given – but more as a favour based on good relationships than as an expectation.

Shared allocation allowed a higher level of input for complex families or during a crisis (as above, and as described further in the next chapter), with different workers undertaking tasks or working together to resolve a problem. A less obvious but perhaps equally important consequence was that it moved social work from being primarily a private activity to being a shared activity. As a result workers were provided with explicit and implicit feedback on things they had done well – and areas they might improve on – because they were working together all the time with families. For instance these notes were taken when a child practitioner was being shadowed for the day:

She “spent morning mainly on PC and phone with clients and other professionals doing admin and prep work. At one point the Clinician comes over for an informal chat about a meeting that is coming up. Purpose of this is to go through how they plan to conduct meeting and discuss each other’s role. Therapist wants to take a lead but asks for child practitioner to be his “eyes and ears” and to “remain curious” about the situation. He stresses the need to avoid confrontation and maintain neutrality.”

The issue here is not the content of the conversation: it is the fact that in LA1 there were constant conversations about how members of the unit might approach a particular piece of work. This is one example of a system-wide difference: shared allocation institutionalised constant discussion of cases. Workers saw one another’s work and were constantly talking about it.

Shared working meant that in addition to more discussion of families and children there was much more shared *knowledge* about clients, as most or all unit members would have direct knowledge of the family. This was noted repeatedly in our observations:

There is generally a high level of discussion between unit members, sharing info about cases. For example, social worker went to child practitioner for specific advice on education levels child was attaining. A clear positive of the unit model seems to be the basic knowledge of cases all members have. This allows for informed discussions on all cases (not just ones that an individual is leading on) as they have the basic info as basis. (Fieldwork notes)

These qualities of far more observation of practice, constant discussion made necessary by shared working and knowledge of one another's work were not always easy. As one Clinician commented:

Later during the week I talk with the Clinician, among other things about the differences between the two systems. (He was there when they worked with the previous system). He is very enthusiastic about the new system but says it didn't work for staff who struggle to share their cases. (Fieldwork notes)

This more open and shared conceptualisation of practice was also closely linked to a second major difference: the quantity and quality of case discussion.

Quantity and quality of case discussion and reflective practice

Shared working necessitated far more discussion of cases. As the unit held case responsibility, there was informal debriefing after almost every visit and there was structured in-depth discussion of every child and family on a regular basis in the weekly unit meetings. The impact of this on the quality of decision-making is discussed in the next chapter. It also appeared to contribute to emotional support and "containment" for workers. The Clinician was particularly important but all unit members contributed to an approach that inevitably involved learning from one another. Here are some examples of this taken from observation notes. The first was an attempt by a researcher to analyse the main differences that they had seen:

'The main difference between the work in units and that of conventional teams was the constant and institutionalised discussion of all cases by the team members. This discussion took place around the desk when any member of the team came back from a task (or even when they had a telephone conversation with a client); it also took place at the weekly staff meetings, where ideally (though not always) every case was discussed. All team members were encouraged to contribute to discussion of all the cases (not only the ones they were taking a lead on), and each member was encouraged to offer his/her own views or suggestions of how to approach the cases. Typically, at the end of the discussion (either around the desk or in the staff meeting), the Consultant would instruct what should be done next. This meant that all members of the team had a very good knowledge of most cases and could—and were expected to—help clients when the team member leading on the case was not present. Some informal discussion with colleagues existed also in the conventional teams, typically when a social worker came back from a task or after a telephone conversation, but this was only if he or she wished to share it with the others. The social workers did share and consult the DTM; however, as the DTM sat in a different room, this did not always happen immediately or in a detailed way as with the CSWs in the units'. (field notes, LA1)

Similarly this comment from a researcher gives reflections on observations in LA2 teams after having observed teams in LA1:

‘Generally in conventional teams the discussion of cases (with colleagues and with the DTM) was not institutionalised in the way that it was in LA1. All the team (about 15 SWs) met in the weekly staff meeting, so there was obviously no time to discuss each case or even most of them. In the meetings for example, only new cases and cases that were about to be closed as well as some carefully-selected additional cases were discussed. At times, team members discussed a case at length as a ‘case study’. Somewhat surprisingly, most social workers in the conventional teams had a relatively good knowledge of many of the cases in their team (especially those of families with long term history of involvement with the LA). However, even when this was the case, if the SW leading on the case was away no-one else would deal with the case until the lead officer had returned (unless it was considered an emergency)’. (field notes, LA2)

The nature of case discussions in practice is perhaps best illustrated through a couple of in-depth case examples:

Notes on first unit meeting observed: The meeting was long [2.5 hours]..... A special slot of 45 minutes was given to the Clinician who gave a presentation on a flipchart to the group about ‘risk’ [unit members then discussed risks they had taken, good risk taking and bad risk taking]. (Field notes, LA1)

After this individual cases were discussed at length. Every week they discuss a quarter of the cases so that each is covered during the month. Last meeting they only discussed one complex case. Every case was discussed with reference to the 5 outcomes from ‘Every Child Matters’...The UC recorded what was said directly onto a table on her laptop. (field notes)

A further example is provided by this unit’s discussion of a family (the Y family) where the children have come into care. A key aspect of the concern in this case is the mother’s psychological disorder [not specified to preserve anonymity]:

The meeting begins with the Consultant (CSW) explaining the background to a case to the Clinician (C). CSW gives all details and C draws genogram and makes detailed notes. The reason for the meeting is to discuss a strategy for working with the family with a view to trying to get the children home to mother.

The CSW is already aware that this form of psychological disorder is difficult to treat – has read studies from USA where treatment has less than 30% success rate. C confirms that it is difficult to treat. However, the CSW explains that a new adult

service in LA ... is now working with mum and she is getting there slowly.... The CSW describes this service as excellent.

The CSW explains that she and the SW attended a conference on psychological disorders to determine what could be done to tackle the problem. The question they ask is: 'how can we supply support from adult and Children's Services together?' The CSW wants to train up parenting support workers to devise a package of support involving other professionals C agrees that trialling a bespoke package might help but says the big question is whether mum's parenting is good enough if you take the psychological disorder out of the picture. This seems to focus the meeting and change/ challenge the CSW's position. The CSW's thinking/ hypothesis is malleable and shaped by the ongoing discussion.

Then other issues are discussed in more depth, including transgenerational abuse, suspected sexual abuse etc. ...this leads to the question of: 'why are we bothering devising this tailored package for the psychological disorder if it's a lost cause due to other concerns?' Afterwards, in a discussion about systemic practice, the CSW mentions that the way they look at all the possibilities and weigh up all concerns is an example of systemic practice... it is hard not to focus on the issue that jumps out because it is unusual/ interesting. But the CSW feels that having unit discussion helps this. Going back to [the case] C suggests that the [bespoke package] is used as a testing ground for the mother to demonstrate she can cook and clean after a meal for children. CSW says this is a good idea. A variety of tasks are agreed within the unit and for adult services. In addition, areas where further information is needed are identified for further assessment. (field notes, LA1)

The discussion described above was a vehicle for developing thinking and hypotheses about what was going on. Staff involved did not have fixed positions and seemed to try and consider everything as a possibility. The potentially positive impact this could have on decision-making is interesting. As a sole worker with little support it would be very difficult to have this dialogue, and consequently alternative interpretations and different approaches might not be explored. As one researcher noted after a unit discussion:

"The Clinician later described how unit meetings provided "peer supervision." Instead of getting a "fixed view" of families, that can happen in social work, the units' way of working "takes away some of the pressure by sharing cases." (Field notes, LA1)

Certainly the type of in-depth case discussion that we observed frequently in LA1 was not a feature of discussions in LA2 or LA3. The reasons for this were complex, and included the fact that these discussions were necessary because of shared working, the fact that they were promoted by the presence of people with different roles within the unit and in part because of a third important difference between LA1 and the more

conventional models: the fact that the authority used a specified approach, namely systemic working.

Shared systemic approach

The quality of the discussions and the work itself were also shaped by the commitment to a systemic way of thinking about and working with families and children. We do not report on what a systemic approach involves in theory here, but on the difference in made to the culture and practice in LA1 that we observed. (In a nutshell, systemic approaches focus on relationships and interactions in the family and wider systems rather than on individual pathologies). Systemic ways of thinking informed much of the discussion and decision-making for children and families. Systemic thinking seemed to encourage the exploration of alternative viewpoints and explanations in discussion, and particularly focussed on mobilising wider family resources (the broader family system). In this sense it provided a common language for creatively thinking about cases. For instance, case discussions of families or children in LA1 would usually involve creation of a genogram and discussion of the roles and contributions of different individuals in the system around the child. There was also an attempt to generate new “hypotheses” about what was happening and why in the family. These were not simply about understanding what might be happening in a family – but also about generating different potential approaches to working with the family based on different understandings. The discussion relating to a mother with a psychological disorder above illustrated this well. Finally, researchers observed that focussing on systemic explanations seemed to contribute to a tendency not to individualise or “blame” individuals for events.

For instance, several unit meetings and other discussions (and meetings with the mother) were observed in relation to “Amy Stone” (the young pregnant mother who was presented as a case study in section 3.1). In these, systemic approaches appeared to have the following influences:

- The genogram was used to consider family and non-family members who might be important. Once identified, different members of the unit actively engaged members of the wider family – both as supports and with a view to exploring potential carers should that be necessary.
- The unit discussion of the case involved explicit generation of alternative hypotheses to explain specific behaviour. This led to several potential explanations for certain behaviours which were then further explored within the assessment. For instance, Amy’s high use of hospital A&E was hypothesised to be linked to anxiety, to experiences of frequent hospital visits and care from

nurses when young, as a cry for help and sign she could not cope or because of genuine medical issues and a misunderstanding of what was an appropriate use of A&E. What is striking here was the *range* of potential explanations that fed into the discussions and the process that seemed to encourage workers to offer alternative understandings of what might be happening.

- Important new information was fed into the group discussions as a result of this process – in making a hypothesis workers would either provide new information (e.g. that Amy had spent much time in hospital when young) or identify information that needed to be gathered (for instance whether Amy felt very anxious about her pregnancy), and could result in a change to the genogram or understanding of risk factors.

In contrast, there was very little evidence of the use of theory influencing the work of the other authorities. Discussions of cases tended to be focussed around practical issues and decision-making, with little generation of alternative hypotheses.

Special roles

The special roles within the units were a third key element of the systemic unit model that enabled the system to work. Each of these is considered here. Our observations suggested that the Unit Coordinator, Consultant and Clinician were particularly important. The social worker and child practitioner were relatively similar to social workers and social work assistants in more conventional models. Below, we consider each of the roles and their contribution to systemic unit working, namely:

- Unit Coordinator,
- Consultant
- Clinician,
- Child Practitioner, and
- Social Worker.

Unit Coordinator

UCs were far more than administrators: they coordinate important elements of the work of the unit. They almost always had a good understanding of what was going on in every case (they took the notes for the weekly case discussions and actively take part). They

dealt with many practical arrangements. UCs took care of financial issues, took minutes, invited people to meetings, booked rooms, scanned and logged on cases and updated case records. In addition, the UCs—unlike the admin people in the conventional teams but like all other unit members—were familiar with the unit's families, so that when required they could and did communicate directly with clients. UCs communications with clients were typically about money issues or logistics (for example, when a family moved house or was waiting to be accommodated) but sometimes UCs had to provide a more social work 'first aid' response when other staff were not around. We observed UCs helping out in practical ways, including supervising contacts – on one occasion on a Saturday – and ringing parents or young people to remind them about appointments. UCs provided in some senses the “glue” that kept units together.

The UC is important not just because they free up workers to focus on the more highly skilled elements of the work but also because they provide a crucial service for families. As one worker commented:

“Having the UCs in units is brilliant. UCs don't know how valuable they are. Our UC uses her initiative and pre-empts what social workers/staff may need in advance before they even ask, [so that] scenarios [are] already resolved. The UC frees up staff time.” (Social worker interview)

One Consultant commented that the UC was like a shared Personal Assistant (PA) for the team – and this seemed like quite an accurate description. It is important to note, however, that while the UC made the life of the other team members easier and while their work freed valuable time for them, SWs did not become free from computer work or able to dedicate all their time to working directly with clients. They still had to dedicate considerable amounts of their time to various types of reporting and recording as well as to preparing plans, reviews, and so on.

Consultant

The Consultant obviously had a key role to play. They were similar to a Deputy Team Manager in other LAs, but the fact that they both worked with families *and* managed cases meant that they had far more direct knowledge of families. The Consultant managed the unit's work through the unit meetings and through ongoing discussions with the social workers. During these, cases were discussed, decisions made and written down and a plan agreed. Supervision meetings with individual workers focussed on professional development, personal issues and other elements of the non-casework aspects of the role.

The Consultant was in charge of the team, however their authority was exhibited less obviously than a Deputy Team Manager in a more conventional team, who was often

seen as making decisions once given information by the worker. Approaches varied between units, with some Consultants being somewhat more “managerial” (in the sense that they clearly made the decisions) and others more “democratic” (in that they led a discussion in the unit that led to decisions). However, regardless of the variations in style the Consultant’s authority in the unit came in part from their role but in part from their ability to demonstrate high levels of expertise in practice and in case discussions. The unit meeting as a decision-making forum, and particularly the presence of a Clinician with considerable expertise, meant that Consultants had to be able to demonstrate high levels of competence. It is a moot point how a unit would work with a less than adequate Consultant. It would certainly be difficult for the unit, but it would also be very difficult for the Consultant as the role involves constant display of one’s practice and analysis skills.

Examples of the decision-making role of the Consultant were provided above, for instance in the way in which they provided ongoing consultation around the emergency for the X family and led the discussion about responding to the Y family. As this Child Practitioner who was a newly qualified social worker put it:

“..because I am relatively newly qualified so I feel protected in what I do. You hear all those horror stories about social workers burning out in the first year, coming here I feel quite safe and I feel I can say I am not sure what to do – and my manager [the Consultant] sitting across the table from me rather than me needing to snatch some time with her – [she] is someone who knows the cases and can bounce ideas around and having a bit of de-stress.” (worker interview)

Clinician

Each unit had a 0.5 Clinician, usually a full time practitioner who was shared across two units. Many of the Clinicians had a social work background, however all had to have experience of clinical practice and there was an expectation that they had a high level of systemic skill.

The role of the Clinician was another major difference between the units and the conventional teams. Clinicians did not lead on cases but had specific tasks on specific cases. They also took part in the staff meetings and provided therapeutic/ psychological or other alternative insight regarding both explanations of a client’s behaviour and also methods of working with them. Clinicians typically worked on cases for which some extra work was required with a parent or a child, and this also permitted the balancing of different perspectives/focuses. While the main focus of all team members remained child protection, the Clinician could dedicate some thought and work to issues related to the long-term therapeutic benefit of the parents. In general, Clinicians were partly responsible for the fact that psychological theories (for example, attachment,

psychodynamic, and social learning) and evidence-based research were a central part of the discussion of cases in some of the units. This 'theory/research-based' element of the work was also promoted by some of the Consultants, who had strong academic backgrounds and strong intellectual/psychological orientations, and there was also a strong emphasis by senior management on training regarding social learning and systemic methods.

Clinicians provided swift expert help when it was needed. For instance, where the researcher observed the Clinician undertaking some sessions with a foster carer for a challenging young person:

'The Clinician aimed to get foster carer to think about the relationship she has with the children, and the impact this has on behaviour. The "problem" was therefore seated within the wider context and solutions were sought by looking at the whole situation and the various things that impact on it. This draws on the idea that nothing is discrete, and all problems are linked to other things in the environment. He talked with the foster carer about the problem with thinking people have a fixed position, and how everyone thinking "XX is loud" and treating them in a particular way because of this perception, will perpetuate the person's self image as being 'loud' even if it is actually inaccurate. Basically the message is that if you treat people in a way that challenges labels then this can actually change behaviour...' (field notes, LA1)

The Clinician in this instance seemed to be considering his words and phrases carefully, and later confirmed to the researcher that that he has to tread carefully and consider all sorts of issues that have a peripheral influence on the discourse between them. For example, the fact he is a younger male talking to an older female, and that he doesn't have the experience of having children himself, and so on. The above comments are also illustrations of the centrality of systemic thinking – and the Clinicians have a key role in keeping this central within the units. Again, this was recorded in the field notes of the observing researcher:

'Many of the words he chose have a reassuring effect, and he said things like "we as a team think..." ... Aspects of the conversation did involve facing up to some difficult facts – like the "turbulent" time that he expects will come for the children as they get used to the fact they may not return home. The "team" discourse helped to prepare carer for this I think. The Clinician described it as having a "tag team". The carer later confirmed in discussion with me that she found session useful and felt better for it – she felt supported and pleased someone was listening' (field notes, LA1).

Clinicians also had a crucial role in the units. Their expertise and authority without managerial power provided a constant source of input, skills development and alternative viewpoints in teams. As one Clinician commented:

“It definitely feels a lot better than it did before. My stress levels are really low at the moment. I do acknowledge though that I have a different role to the social workers. Although cases are a shared responsibility, it is still very much a social work environment, social workers usually make the decisions and have to deal with the difficulties families may have. We have the relationships where we can challenge each other, where it is ok to say we don't agree with something and to agree and disagree or try to create a common understanding. I am good at building relationships; fundamentally that is how you create change.” (interview 18)

It is hard to imagine the units working as well without Clinicians with this focus on a more therapeutic set of concerns. There were many times when this was noted by the researchers.

Child Practitioner and Social Worker

The roles of Child Practitioner (CP) and Social Worker were less distinctive. We rarely observed the CP being a specific “voice for the child”. They appeared closer to a social work assistant role in more conventional teams – though practice varied between units.

The Children’s Practitioner: The children’s practitioners differed from Clinicians, both in terms of their unique experience and also in how they were used. In terms of experience, while some of them had specific experience of working with children, some were social work students or newly qualified social workers, while others were unqualified. In most of the units and for most of the time, CPs functioned as ordinary social workers and only relatively rarely had a specific task of working one-on-one with a child (such as taking the child for an enjoyable day out).

Social worker: The work of the SW was generally similar in its nature to that of social worker in conventional teams. There was some variation between units in this, as discussed below.

Skills development

LA1 specified the methods it wanted workers to use, namely systemic and social learning approaches. It had invested heavily in these approaches, expecting workers to undertake internally and externally provided courses. LA1 did not take part in conventional Post-Qualifying social work training, prioritising these ways of working instead. LA2 and LA3 had a more conventional approach, delivering programmes of

time limited in-house training and sending workers on more in-depth post-qualifying training.

A clear difference between the LAs, that is illustrated in several of the comments and case studies above, is that in LA1 research findings, theories and in particular systemic ways of working were constantly referred to. In contrast, it was very rare in the other authorities. For instance, when first visiting one of the teams in LA2 the researcher observed a discussion of “attachment theory”. The workers seemed bemused by the discussion and later that day two of them told the researcher that they do not usually discuss theory or research and that, in the opinion of those workers, they had done so because a researcher was present.

Of course, this illustrates the fact that observers are not “flies on the wall”. It also illustrates that the manager in question thought that ensuring there was a discussion of theory would present a positive image for the team. This suggests that, at least in relation to the imagined priorities of a research team, there is a sense that teams should discuss research and theory. In fact, this was almost entirely absent in LA2 and LA3. One of the differences in LA1 was that providing a particular way of working (namely systemic) and then reinforcing it through the structure of the organisation, roles of staff and training led to the integration of theory and research into practice. In the social worker interviews workers in LA1 were more consistent in identifying a specific model for their work, and significantly more satisfied with the training that they did receive.

Caseloads

A key difference we identified was in the level of caseloads between LA1 and the other LAs. This clearly made a significant difference to the practice in the different LAs.

The survey involved identifying with administrators all currently allocated families for workers taking part in the study. It did not include children in care or leaving care i.e. it was a survey of parents in families where children remained at home. The assessment service in LA3 was also not included, mainly for pragmatic reasons (namely that there were a large number of families, allocated for short periods and LA3 entered the study at a late point) and as noted elsewhere the assessment service in LA2 withdrew from the study. The analysis of allocations based on surveys sent out is set out in Table 5.1. It is important to note that these rates relate to families. Counts of caseload for children would increase these figures by 2.11 on average (see Table 7.1).

Three introductory points need to be made about these figures. Firstly, in LA3 workers held a mixed caseload. These figures are only for the families they were working with as children in need or child protection cases; it excludes looked after children or those leaving care. We estimate that around a quarter of the work in these teams was

with these groups and this would generate an effective caseload of 11 families for workers in LA3. Secondly, as noted in Chapter 2 one of the teams in LA2 did not log accurately the total number of surveys sent out. It is therefore excluded from this analysis. Third, we have included every member of a team or unit directly involved in work with families. Clinicians and some social work assistants did not have cases allocated to them, however they directly worked with families in a way that means including them seems a more accurate reflection of the division of labour. Unit Coordinators and other administrators were excluded.

Table 5.1: Levels of allocation in each local authority based on surveys sent out

Local Authority	Type of team	Number of allocated families	Workers	Ratio
LA1	Assessment	64	11	5.8
	Children in Need	67	15	4.5
LA2	One of two Child in Need teams	45	7	6.4
LA3	Neighbourhood	228	22*	10.4
Total		404	59	6.8
* 4 workers from integrated teams who did not hold cases are excluded from this analysis				

These figures are broadly in line with the qualitative notes from observations. We observed units in LA1 working with caseloads in the high twenties, and at one point one went up to 40 children. This would equate to 15 to 18 families, which with 3.5 workers equates to a caseload of around 4-6 families each. Various qualitative observations in LA2 involved workers saying they had caseloads from nine children (for a Newly Qualified Social Worker (NQSW), through to 18. Calculated at the level of families that is a low of five through to nine families per worker. The workers in LA3 had high caseloads according to the qualitative accounts of individual workers and the survey. When these figures are compared to a Community Care survey of 600 social workers, they suggested that workers in LA1 and LA2 had caseloads in the lowest third, while workers in LA3 were fairly average for the UK (Community Care, 2012).

Certainly workers in LA1 had the lowest caseloads in this study, and perhaps some of the lowest in the country. The relationship between this and the systemic unit model is complex. On the one hand, it is almost certainly necessary to have low caseloads to work in the systemic unit way: the philosophy is in part to work intensively with smaller numbers of families. On the other hand, several individuals involved in managing systemic unit suggested that the system itself creates lower caseloads. It is said to do this

in two ways. First, intake processes are aimed at ensuring relatively high thresholds, with the provision of family support services (which was not part of this evaluation) for those not allocated within Children's Services. We found some evidence to support the idea that families in LA1 had more serious problems (reported in Chapter 7). Second, the idea is that more effective work with families will reduce the need for longer-term input. This was argued to reduce the caseloads by many people within LA1. It is also interesting to note that a key element in making systemic units happen successfully was a systematic focus on reducing caseloads *before* the approach was implemented. This is a complex issue, and one that is beyond the scope of this evaluation, yet it is clear that simply reallocating current cases from conventional teams into units would be unlikely to allow the type of intensive work required by the model.

A second consideration is also important. A case being allocated does not mean it is being actively worked with. The large caseloads in LA2 and (particularly) LA3 meant that during our period of observation there were some children or families who did not appear to have work undertaken with them, and they were discussed rarely if at all in supervision or other meetings. In other words, having cases allocated to a worker does not guarantee anything, particularly if they have so many cases that they cannot work with them all. Rather it devolves responsibility for decision-making and prioritising to the worker and their supervisor. Whether one feels comfortable about the comparatively high thresholds within LA1 or not, they were at least a senior management decision reinforced throughout the organisation. In LA2 and LA3, overworked managers and social workers were making decisions about which families to prioritise on a day-to-day basis.

The issue of caseloads is returned to in the discussion. For now it is sufficient to note that low caseloads is a necessary condition for effective delivery of the systemic unit model, while it is possible that the model itself helped to create lower caseloads.

Variations between units

Thus far we have described the main common features of the systemic unit model across LA1. There were however differences between units. All units operated a distinctive model that contrasted markedly with our observations in the other authorities, however the way and perhaps degree to which the systemic unit model was followed varied somewhat across types of units. The "purest" form of systemic unit working occurred in Child in Need units. Here families were generally jointly worked with, and there tended to be more differentiation of roles in the input provided for families. Much of the discussion above therefore applies particularly clearly to the work of children in need teams.

Assessment units tended to work with more families and for shorter periods. For less complex cases there was often effectively individual allocation. The unit still functioned as a small team collectively resolving issues, but many of the simpler pieces of work were dealt with entirely by one worker or a couple of members of the unit. In this respect there were some similarities between the way that Assessment units worked in LA1 and the way that the team-within-a-team in LA3's Assessment service (involving 5 or 6 workers and a DTM) functioned. In both instances, there was a small team working together to deal with a high throughput of cases over a relatively short time period, most of which had limited previous history. There were however some important differences. First, the Assessment team in LA3 covered not only Assessment teams but also the work of the "First response" teams in LA1. In effect, when the LA3 mini-team was on "duty" it was performing a similar function to "First Response" in LA1, while in the two weeks that it was off "duty" the work was very similar to that of Assessment units in LA1. Yet while there were similarities between the two small teams, the differences were at least as obvious to the observer. In particular, the nature of case decision-making and discussions, the collective nature of working in units compared to hierarchical line management, the different roles and the systemic focus remained features of the Assessment units in LA1. In addition, the Coordinator was particularly important in the Assessment teams. There was a high level of administrative demand, and the units in LA1 received strong support with this – for instance with the Coordinator phoning around agencies, making referrals and arranging meetings. In contrast, in LA3 the workers seemed to be doing things that administrators might perhaps have been expected to do. The most obvious – and time-consuming – of these was that they picked up a large number of phone calls for the whole organisation, many of which involved taking messages or forwarding the call. This did not on the face of it appear to be a social work task.

The Looked After and Leaving Care units also operated in somewhat different ways to the Child in Need units. In particular in these units there was often a specific worker who was in effect the allocated worker for a child or young person. There was still much joint working. This included members of the unit working together on cases, the Clinician or coordinator undertaking specific tasks or pieces of work and collective discussion and decision-making about cases. These units were therefore recognisably functioning within the systemic unit approach, but the focus on joint working was somewhat less clear than it was in the Child in Need units.

A second reason for variation between units was about the character of the individuals involved. Most important in this respect was the Consultant, though the Clinician and other unit members also contributed to shaping key elements of the culture of different units. Much of this was about the atmosphere created within units. Some were described as "calm and quiet", others as "lively" and "noisy". More importantly, perhaps, there were differences in the managerial style of Consultants. The majority operated in a way

that encouraged debate, in that all voices in the unit (including the coordinator) were encouraged to contribute and were listened to. However, without exception the Consultant was the ultimate decision-maker. Furthermore, some of the Consultants had more directive styles – particularly in how they managed the unit discussions. In all units there was collective discussion about cases, but in some this was lengthier and more in-depth, while in others it was more focussed and the Consultant tended to lead decision-making more actively.

The final issue that led to variations between units was people missing. Where one or more people were absent for a prolonged period this could be a significant challenge for units. We observed two units which were finding it a struggle because someone was absent for several weeks. The organisation had in place a “buddying” system in which a buddy unit could provide help to a unit missing a member. However, in practice the burden fell primarily on remaining members. The units we observed were coping with the absence of members. The caseload of the unit had been reduced and help – particularly from the buddy Unit Coordinator – was very helpful. Nonetheless, the downside of such small units was that anyone missing for a while created a challenge for the remaining staff. This issue is also touched on by workers in their interviews.

4.5 Summary

The context in which data was collected is likely to have shaped the findings profoundly. This included restructurings, Ofsted inspections and other challenges. In particular, LA1 was in a more stable situation during the time of the study and this is likely to have influenced findings.

Overall the following four key features were identified in conventional teams:

- Hierarchical management and the key role of Team Managers and Deputy Team Managers,
- Other team roles such as administrators and social work assistants,
- Team meetings,
- The very “private” nature of the work.

Of these four the most important were the key role of the first line manager and the private nature of the work. We found that the role of the supervisor of staff – in general the DTM - was absolutely essential within conventional local authorities. Good DTMs,

and to a somewhat lesser degree TMs, made a huge difference. They created positive team atmospheres, made workers feel supported and provided what appeared to be wise and helpful decisions on cases. Yet it is interesting to note the way that the observers tended to talk about these excellent managers. They were often presented in fieldnotes as almost miracle workers: their ability to manage very high levels of stress, know (or appear to know) about hundreds of children, be available for their worker despite the demands they were experiencing and so on, were commented upon repeatedly in rather awed terms by the researchers. Of course this might be that this reflects a certain naivety on the part of the research team, though most were experienced researchers who had carried out studies in various challenging situations. It is therefore possible that they were witnessing extraordinarily skilled management in some of the teams in LA2 and LA3.

Yet there is a sense in which this is problematic. Any “system” is only as good as the people within it, yet a system that relies on extraordinary performance from key individuals is potentially vulnerable. This is demonstrated by our observations of other Team Managers, who appeared to be struggling to stay on top of a very large workload, were providing limited supervision or case decision-making and who themselves were under enormous amounts of stress. If local authorities wish to deliver services within a conventional structure then a great deal of attention needs to be focused on recruiting and supporting outstanding Team Managers and Deputy Team Managers and ensuring there are sufficient of them for the size of the team.

The importance of the line manager interacted with the private nature of most practice in shaping the service experienced by families. Most social work is carried out in private, between a worker and members of the family usually in their home. As such, the worker’s ability to provide credible accounts of the family situation and the work undertaken was crucial – and the supervisor’s ability to engage with and manage these accounts formed the key interaction in which case decisions were made.

In this respect the issue of caseloads is as important for managers as it is for practitioners. In the systemic unit model, a small team with a manageable caseload made the management role far easier to perform.

The differences between systemic unit in LA1 and the more conventional models were more striking than the variations within any LA. In this respect we identified 6 key features of the systemic unit model.

These were:

- Shared Working

- Intensive Case Discussion
- Shared Systemic Model
- Special Roles, specifically:
 - Unit Coordinator
 - Consultant Social Worker
 - Clinician
 - Child Practitioner and Social Worker
- Focussed Skills Development
- Caseloads

Taken together these create a very different way of working. In following chapters we consider evidence for the impact of these differences at the level of workers, practice and outcomes. However, first we consider other key differences between the local authorities, namely those relating to broader factors beyond the systemic units or conventional teams.

5 Organisational level: differences in support and culture

The previous chapter described the conventional approach and the systemic unit model for delivering Children's Services. We attempted to outline the main differences, as well as variations within each approach. Yet there were other differences we observed in the study. This chapter considers differences at the more general level of the organisation. The next considers individual workers.

It was apparent to us that the differences between authorities extended beyond the organisation of practice within teams and units: there were broader organisational differences. This chapter describes our observations in relation to these. We group them into two main types of difference: those relating to support and those relating to culture. "Support" refers to the ways in which the authority supports (or does not support) practice. It is focussed on the practical arrangements within each authority. "Culture" is used in a broad sense to indicate the ways in which different organisational imperatives were manifested during our period of observation. Here culture is seen as referring to the core values of the organisation: the goals it considers important, and the ways these goals are communicated within the organisation.

In this part of the results the analysis relies primarily on observational data (including informal interviews undertaken during observation) as well as the formal interviews with social workers. Direct quotes from interviews have the number of the worker and the LA noted and double quotation marks are used. Quotes from fieldwork notes are contemporaneous notes from informal interviews with workers or the researcher's own observations or comments. This is clarified in the text. Single quotation marks are used.

5.1 Organisational support for practice

Organisational support for the work is manifested in a wide variety of practical ways, from parking for workers to processes for obtaining money for clients. We conceptualised these as the *enabling conditions* for practice: the things the organisation had to do to allow workers to get on with their job. Some of these were about issues that probably related to the whole organisation, or even the area, while others were more closely tied to the support from Children's Services. We call the former "General enabling conditions" and the latter "Specific enabling conditions". There is in fact some overlap and interaction between the two, as senior managers within Children's Services work closely with the senior executives in the local authority.

General enabling conditions for practice

In LA2 and LA3, we saw daily and frequent examples of workers finding their work impeded by fairly straightforward obstacles, such as equipment not working or having to dash out to move cars to avoid tickets. For instance, in LA3 it was noted by a researcher in observation notes that social workers:

'have to plan their working day and their visits around car parking spaces. Car park spaces were only available a 20 minute walk away and cars could only be parked in spaces for a maximum of 4 hours. Moving cars took up quite a bit of time in their working day. Lack of nearby car parking spaces could impede the practice of assessment social workers who may need to respond immediately to child protection referrals'.

Car parking issues were also a problem in LA2. In LA1, we noted no concerns about this issue. This may be partly because travelling on foot or by public transport was more common in LA1, perhaps due to good public transport. In addition, there was a system of 'pool' cars in place in LA1 whereby staff could book cars when they were required for visits (usually out of the authority). These were easily accessible from the rear of the building. The parking issues were a practical problem – but they also sent out a powerful message to workers about whether or not they were valued by the organisation and what the organisations priorities are. For instance, several workers in LA3 commented that senior managers who did not often use cars during the day had parking close by.

Similarly, in LA2, there was a strong sense of dire economic crisis, and this impacted on the staff's work in various ways. One example was the instruction to take the office paper bins away as the cleaners' hours had been cut and they were no longer paid to empty office bins. As a result, workers had plastic bags for rubbish on or by their desks and had to take them outside to empty them. It is worth considering whether this was in fact saving money or whether it was essentially paying professionals to empty bins, however it illustrates a more general issue in this authority – which was that the focus of the organisation did not seem to be on supporting workers in carrying out their practice.

There were many other examples of such issues, particularly in LA2. For instance, in one of the buildings the printer had been broken for more than two months. On every research visit during this period, this was a topic of discussion among staff, particularly during team meetings. The nature of these discussions illustrates the point made above that it was not only the practical obstacle that this created that was problematic, but that the consistent failure of the organisation to manage to resolve it led to staff feeling both that they worked in a dysfunctional organisation and that the organisation did not consider them or the work they did to be a high priority.

LA2 and LA3 also had over-crowded workspaces. This included workers in LA2 reporting not having sufficient desks for all staff, which resulted in some having to work in a basement and 'teams' not sitting with one another. There were some advantages to this. Certainly in some of the teams in LA2 and all of those in LA3, the offices were very friendly, in a crowded and cluttered way. However, there was no doubt that the physical space in LA1 was very different. LA1 had a new, purpose built building for staff from across the authority. It had ample space, spaces for workers to meet and to socialise and an efficient and safe – if perhaps rather impersonal – reception area and system for workers to be notified of clients attending. In fact several of the researchers compared it to arriving at a large airport terminal, with a huge open-plan space and various “check in” desks for clients for different services, while electronic screens reported how long one might have to wait.

The broader organisational support for practice extended far beyond the office space in LA1. The hardware such as phones, computers and printers seemed to work in LA1. There were instances of a computer “freezing” or a printer not working, but these were unusual occurrences. The office was regularly cleaned – and was in fact extremely neat and tidy. Certainly workers were not emptying bins. As noted above, the car pool arrangements and transport arrangements seemed to work efficiently. This attention to supporting workers was also reflected in IT support. In LA1 communication and computer systems seemed easier to use and more efficient. The mobile phones, laptops and computer systems were all interconnected in a way that allowed easy access for all social workers to computer files.

These variations in the broader local authority level of support were also reflected in the views of the social workers. In LA1, 100% of workers described themselves as happy with their “working conditions”, compared to 72% and 76% in the other LAs. This was also reflected in the comments made by workers in their interviews. While most of the positive and negative comments of workers related to elements of the work and the support or lack of support for the work, critical comments about broader organisational support were far more common in LA2 and LA3.

In contrast, there were very few comments from LA1 about broader factors within the LA. In many ways this absence of comment is itself telling. When an LA is working well its support for practice should be taken for granted; it is there to allow workers to get on with their jobs. There was only one critical comment on these broader issues, from a worker who felt the building was alienating:

“Possibly the building, not user friendly, it may be for the general [LA] society but in terms of the looked after children in our care, maybe a different building would be ideal.” (37, LA1)

It is interesting to see the way that this is couched. We asked about the “worst things” about LA1, and they start by saying “possibly” which suggests a degree of ambivalence even in this one negative comment. In contrast, positive comments were far more common from workers:

“[the] building is good, everything in one place.” (13, LA1)

This comment supports a feeling we had in observing the offices, that the environment contributed to other positive aspects of the LA:

“Socially it seems a nice place as well, not too much office politics. I don’t know if it’s because of the open space but there is a sense that people are willing to work together as well.” (9, LA1)

Thus, the differences between the authorities were not solely about the systemic unit model. LA1 seemed to provide good practical support that allowed workers to get on with the challenging business of social work.

Specific enabling conditions

There were also specific conditions within Children’s Services that seemed geared toward making the work less burdensome. Again, for most of these the general level of support for practice was notably higher in LA1 when compared to the other authorities.

One of the key innovations within the unit model was the Unit Coordinator. UCs certainly seemed to contribute to a reduction in the administrative demands on workers (as outlined in the previous chapter). However, there were other factors in LA1 that were important in the support they provided for practice but that were not integral to the systemic unit model. There were marked differences between the LAs in the degree to which Children’s Services provided support for workers or, conversely, put burdens or obstacles in their way.

Three inter-related issues were particularly important here, namely:

5. IT and Integrated Children’s Systems (ICS)
6. Administrative/bureaucratic expectations on workers
7. Perceptions and experiences of senior management style.

IT and Integrated Children's Systems (ICS)

The systems for the logging of case data created more problems in LA2 and LA3 than in LA1. These systems are generally known as the Integrated Children's System or ICS, though provided by different companies. These problems were particularly acute in LA3, which seemed to have poor IT and administrative support for workers. We observed both the higher amount of time that workers spent on the computer (as outlined in the next chapter) and their annoyance and frustration with much of what they were expected to do. As observed by one researcher:

'IT System had mixed reviews, some positive but many negative, in interviews staff described it as: 'complicated', 'not easy to find who is related to whom'. One manager summed up her view by saying; 'whoever created ICS was not a social worker'. (field notes, LA3)

The ICS systems were one of the most commonly mentioned "worst things" that social workers identified in their interviews for both LA2 and LA3. Some typical comments were:

"System; in terms of computer system. This has been the downfall for LA. I didn't work in other boroughs, but many workers who came from other boroughs to work for us say other boroughs have simpler systems. We seem to spend more time in recording than other boroughs. We have been left behind in that; system plays a big part in social workers' roles and in Managers' and DTMs' roles." (46, LA2)

"The IT system is a challenge to use; it can be crippling to record [social work completed with families]." (86, LA3)

Administrative systems and support

The problems with the ICS systems interacted with and were often unfortunately amplified by the administrative systems in place in the LAs. As our researcher observed toward the end of her time in LA3:

'Even basic administrative support like responding to telephone calls could be limited, or non-existent in LA3. As far as I could see there were no administrators responding to calls on referral team duty. There are admin in the team; however they type up basic information on referrals or scan referrals onto their IT system. In LA3 there is also no screening team or equivalent (as in LA1) for new referrals... Social workers on duty in the LA3 Assessment team were the first point of contact for all referrals coming into LA3 children services. ... many of the calls and referrals social workers were responding to were not relevant for duty; a number were from

families or professionals wishing to speak to other staff/social workers in the building. Duty social workers could be regularly interrupted by calls, at times acting like a central switchboard referring callers.’ (field notes, LA3)

In addition to a lack of administrative support for workers in LA2 and LA3, the processes for comparatively simple elements of the work seemed very bureaucratic and time-consuming. This was most obvious in LA2, where there were a high number of forms needing to be filled in even for relatively minor things. One example of this was when a researcher observed a payment from petty cash taking a social worker about an hour, two sets of three forms, and three consultations with the manager to complete:

‘A client was in the reception area asking for money to cover her travel back home from the office (£1.30) and food (£20). The social worker initially consulted with her Team Manager who agreed to the travel but not the food money. The social worker then completed three forms (petty cash; requisition; receipt) and returned to the manager to get the payment authorised by signature. This took about 30 minutes as the manager was busy. When the worker returned the client was unhappy that the £20 had been refused, and demanded to see the manager herself. The social worker returned upstairs to relay this to the manager and the manager reluctantly agreed the second payment. It seemed that this was because the manager did not want (or have the time) to face the client, rather than any reassessment of need. This meant the 3 forms had to be completed a second time, and the whole process took about an hour.’ (Field notes, LA2)

In contrast, LA1 explicitly cut this bureaucracy with a policy of small payments having a devolved and simplified approval process, which could be signed off within the units. However, this example illustrates the third area of difference: the perceptions of senior or even middle management, and in particular whether they were primarily focussed on supporting workers in their practice. As one worker commented during an informal discussion during observations:

‘There is a distinct hierarchy for decision making. They often have to refer things to managers, who often make U-turns and this leaves the social worker looking stupid, unimportant and powerless. A consequence of this is clients constantly ask “to speak to a manager” as they realise this is where the power lies. (I have witnessed several clients asking for managers in the 2 days I’ve been here - so my experience supports these views). (Field notes, LA2)

It can be seen that administrative and managerial efficiency were in fact inter-twined. Furthermore, the impact of poor support for practice was not just the practical issue of things taking longer than they might, but it had an impact on how workers felt in their role and even the behaviour of clients who quickly developed an understanding of how the system worked in practice.

Perceptions and experiences of senior and middle management style

The third area where there were clear LA differences was in the perception of senior and middle management. Here we mean managers above the unit or team we observed, so all layers up to the Director of Children's Services. In LA1 and LA3, senior management were generally perceived positively by workers, with a particular emphasis on the fact that they were accessible and supportive:

"In LA1 there is an open culture, you feel you can get advice and discuss cases. Here you can approach the Group Manager and Head of Service and not feel worried." (4, LA1)

This was even more pronounced in LA3, where the positives about senior management were second only to positive comments about colleagues:

"Open door policy with some Managers, you are never rushed out of a Senior Manager's office. Managers understand what it is like to be in our position; they are not detached from the shop floor." (92, LA3)

In contrast in LA2 the most common issue mentioned in relation to the "worst things about working" for the authority related to management at senior and team level. Some of the comments relating to senior management included:

"It feels like the way you work is questioned, colleagues are aware of this and feel aggrieved by it, these messages are filtered down from management-they are subtle" (65, LA2)

"Management only focus on the negatives, the shortfalls." (66, LA2)

These differences in the perception of managers tended to focus on their accessibility, understanding or sympathy for the position of social workers and the degree to which they were supportive of workers. Such considerations had important implications for how looked after and supported workers reported feeling. They also interacted strongly with the more general sense of the fundamental culture of each authority.

5.2 Organisational culture

The organisational culture can be understood as the shared assumptions that guide interpretation and action within an organisation (Ravasi and Schultz, 2006). Here we are particularly interested in the values of the organization and the priorities that seem most important within the authorities. In some senses these are like a "mission statement", which sets out what the organisation is there for. However, in contrast to a mission statement, which is usually written at the top of an organisation and cascaded

down, we attempted to build a picture of the key elements of the “mission” of the organisation as realised in practice and discussion. In some senses we tried to understand the “mission” of the organisation from the bottom up.

In fact, the core values of the organisation are not produced by management and communicated to workers in a top-down manner. Rather, they are negotiated through action and discussion at the level of each worker and team, and all authorities were characterised by workers who actively promoted different conceptions of the fundamental values that should drive the work they were doing. Indeed, some of the most interesting meetings and conversations that we observed involved negotiation around different conceptions of the core values of the organisation. Here however we focus on one element of the creation of values, namely the role of senior management in communicating and creating a culture with certain values.

In all three LAs senior management communicated three fundamental considerations (or sets of values) shaping the culture of the authority:

- Avoiding negative publicity (particularly in relation to Ofsted)
- Reducing or controlling costs
- Improving the welfare of children and families

It is important to emphasise that all three of these are legitimate foci for a local authority Children’s Services departments. We would expect senior managers to wish to achieve the best for children and families, while controlling costs and simultaneously ensuring that the authority obtains good Ofsted inspections. However, the way these were manifested and the balance between the three varied markedly between the authorities. In this chapter we attempt to describe these differences further.

Avoiding negative publicity: the power of Ofsted

Two types of negative publicity were particularly important. One often mentioned as a background for much of the anxiety and stress experienced by workers was the possibility of a serious incident, such as a child dying. However, far more important in shaping the work of services was the seemingly ubiquitous threat or presence of Ofsted during our observations.

LA1 had just finished an inspection when observations started and had another “mock” inspection during our time there. LA2 had an inspection that identified concerns about initial assessment processes which was followed up by a second one shortly after that. LA3 were expecting an inspection which happened toward the end of our period of data collection. This had a generally positive outcome, with no concerns identified and

some strengths highlighted. The decisions of Ofsted had serious implications for senior managers. One senior manager lost their job following an inspection, while in others there was a general sense of relief and congratulations at being rated a good authority. This was clearly something tangible that could be taken back to senior management and elected members within the authority.

In all the LAs inspections were a source of some anxiety and an increased focus on completion of paperwork. However, the impact of Ofsted inspections was very different in the three authorities. A key difference is that we did not observe a full Ofsted inspection in LA1. We talked to workers in the aftermath of an inspection as well as observing preparations for a “mock” inspection (carried out by Ofsted to develop their new procedures). Overall, workers reported the real inspection as having little impact on practice: they continued to do what they had been doing. With the mock inspection we observed very limited impact on practice. Managers simply communicated to staff that they should continue doing what they were doing but make sure case recording was up to date. These differences were no doubt shaped in part by the fact that we did not observe a genuine inspection. Whatever the reason, we saw very little direct influence of the possibility of Ofsted inspection in LA1

In contrast, in the other authorities the possibility and reality of inspection loomed large. It influenced the practice we observed profoundly. This was most apparent in LA2, and was particularly acute – as might be expected – in the period between the first and the follow-up inspection. This is a period of time likely to place any Children’s Services Department under stress. It certainly shaped what we observed in LA2. Here we quote extensively from field notes from an observation of a visit by a senior manager to staff from a number of teams in LA2. This quote is unusually long because it captures a general sense of how Ofsted was responded to in this LA. This took place after a critical Ofsted inspection with a knowledge that the inspectors would return relatively soon:

‘The group manager led the discussion ... I am really intrigued by the ‘performance measurement’ tone of the discussion almost until the end (as opposed to the needs of clients tone). For example, when talking about the need to let the clients read care plans/ pathway plans assessment etc, she doesn’t say ‘do it because it is important that they will read it and be aware of it’, but focuses on the need to show evidence in the computer files that they did it – these two words ‘show evidence’ are repeated a lot. It almost seems as if all they do with the clients is done in order to be evidenced later in the computer. The ‘give evidence’ or the ‘we are tested for that’ terminology is used also in reference to the need to increase the number of visits to looked after children to once a month. Again, no word about the importance for clients of a monthly visit - just about the need to show evidence that the plan was explained to the clients. There is also a long discussion about a new form of reporting of chronology – a strong emphasis on inspection. She goes one by

one asking how many of their cases were already entered with the new chronology – she says that the chances are that the random cases the inspectors will select will be those that were still entered with the old chronology format – she says this is all right as long as the social worker prepared a plan showing when they intend to finish converting all their cases to the new format, and that this plan is discussed in supervision so it can be evidenced and later shown to the inspector that it was prepared. So she goes one by one and says ‘make a plan’, ‘make a plan’. She moves to the supervision more generally and says that half of the cases have to be covered during each supervision (meaning each case will be discussed once every two months) – ‘make sure you do the visits and that you record them’. Again the justification and the language she uses is striking – ‘visits tell the inspectors we know our children’; ‘supervisions tell the inspectors that managers know their cases’. (field notes, LA2)

Perhaps what is most interesting is what happened next, when they discussed “later life letters” (which set out why a child had been permanently removed and placed elsewhere, for a child to read at an appropriate time in later childhood or adulthood). These were not the focus of Ofsted attention, as concerns were around child protection and initial work. The senior manager’s comments as a result had a very different tone:

‘Here the discussion becomes almost anti-performance measurement – she stresses the important thing is what would the child think when he/she reads it one day. She stresses the importance of the document and urges them not to rush it ... : ‘take your time’, ‘don’t try to write it all at once’, ‘pay attention’. ‘You do want that when the child reads it one day he would think that his social worker put a lot of effort before deciding about it, wouldn’t like him to think, oh my social worker didn’t think too much or he had poor spelling or poor grammar’. ‘Remember this is a big decision, you are playing God here, do it properly think about the child’, and so on. I find this part of the meeting quite inspiring; however, it contrasts in such a dramatic way with the tone of the rest of the meeting that it just puts more emphasis on how “managerialist” the tone was previously’. (field notes, LA2)

This was not simply a matter of words. It very clearly translated into actions: the central values of importance to the organisation (i.e. avoiding negative publicity from a poor Ofsted inspection) were translated into practice that was both observed by researchers and commented on by workers. Thus in the same LA (LA2), it was noted by the observing researcher:

‘Most of what they did, how they did it, and also when and how frequently they did it (and this included home visits and other meetings with clients) was dictated by statutory procedures and reporting deadlines. This description applies to some areas of practice (in particular LAC and Leaving Care) more than others (Children in Need) but the overall trend was true across the whole LA. One example of this

trend was, for example, the common practice of visiting a client on the last day before a LAC review to make sure he/she can read a care plan at the last minute and agree with it or make his/her comments'. (field notes, LA2)

This is how one of the social workers described this in an unstructured interview:

'Caseloads are quite high, fast-paced, and put you under a lot of pressure... Some of the things we do are a bit more process-bound, it's more about process, and you think okay, is it really really making any difference in terms of the outcomes? And you think that well actually it's not but you have to do them because we are very, very stringent in terms of the processes and procedures. We should be more flexible sometimes. There is a feeling that we need to follow it very stringently, and you end up doing a lot of paperwork that has no impact on the families we work with.' (interview 32, LA2)

LA3 was also profoundly affected by an impending Ofsted inspection. As noted in Chapter 4, the authority had had a recent restructuring. The awareness that Ofsted were likely to visit soon, combined with the organisational stresses created by moving cases and workers and changing management structures, contributed to workers spending very long hours getting case files up-to-date during our period of involvement. Management supported this, for instance during this period overtime was authorised to a degree that was far from normal.

Reducing or controlling costs

The importance of containing costs was a third core organisational value that was present in all 3 LAs. We have already noted above the rigmarole associated with small s.17 payments to families in LA2. Interestingly, LA1 reported that devolving control of s.17 to units had not only simplified the process of making payments – it had also cut spending of that budget very substantially. However, while there was quite a lot of negotiation over s. 17 payments, overwhelmingly the most important issue in relation to cost containment was around children entering care. Here, all 3 LAs had ways of controlling care entry, some explicit and others implicit.

The most explicit means of cost control in relation to children entering care was the fact that all three authorities had “Panels” which were intended to oversee the decision that children should enter care. These Panels also allowed access to other resources in order to prevent care or help families in other ways. We only observed one of these Panels directly (as described below), but we observed a lot of worker discussion before and after Panel in LA1 and LA2. We observed little in LA3, probably because of our shorter observation period.

In LA2 there was a general sense that the Panel was there explicitly to prevent children from entering care in order to save money. This was reinforced by the structure (at the time) for such decisions, which involved first a meeting with legal to agree care was needed and then going to Panel for agreement of care. There were several examples we observed when the Panel refused a child entering care, and social workers felt considerable annoyance and anger when this happened:

Notes from discussion with worker on a visit to a family: ‘Mother has chaotic lifestyle, crack use, alcohol etc etc. She doesn’t cooperate but does just enough – i.e. partial attendance at meetings, etc – faked cooperation. ... Worker thinks they should initiate proceedings and remove children, this plan was ratified at a legal planning meeting and the family were told. Then the Panel (apparently they ‘hold the purse strings’) ... reversed the decision. Social worker was frustrated and had to go back to client (having “wound them up” with news of imminent court proceedings) and tell her they had changed minds. Seems frustrated that there isn’t anything she can do, clearly thinks case should be in court. ... Worker comments that children should have been removed years ago...” (Fieldnotes, LA2)

Here we are not commenting on whether the Panel or the workers were right in their decisions, but rather the way the process and the perception of the process amongst workers. It is clear, however, that whatever the best decision for this family, it is obviously undesirable for parents to be told that care proceedings will be started and then to be told that in fact they will not. In general, workers felt that their decisions for what might be in the best interests of children were being over-ruled by the Panel. As a different worker commented when asked about the Panel:

They [the Panel] “have a lot of power and the social worker thought they base decisions mostly on costs. Entering pre proceedings is expensive as it involves intensive assessments, possibly removal to foster care etc. The [legal panel] has already decided that threshold has been met so it seems like the Panel makes a purely financial decision. ... Worker comments that because of things like this decisions are not made purely on need. [Fieldnotes LA2]

In general in LA2 there therefore seemed to be an institutionalised system for restricting the use of care: workers had to jump through at least three sets of hoops. They had to convince their manager, then a legal meeting and then a panel. In LA1 there was a different approach to reducing the use of care. The most obvious difference was that there seemed a general belief that a core element of the systemic unit model was reducing the need for children to enter care. Here we are not concerned with whether or not this was reasonable or right. Instead we are focussed on the way that the need to control costs manifested itself within the authority. In LA1 we could find no references to children not entering care in order to reduce costs. Instead, workers talked about the systemic unit model focus inherently involving working to reduce the need for care,

because care was seen as something to be avoided as far as was possible: keeping children out of care was considered one of the prime aims of the service, because this was considered to be the best thing for children. It was stated as such in the local authority documentation, which claimed a key aspect of the systemic unit model is “...learning to manage risk rather than remove it by removing the child from the family”. Throughout our period of observation, and in many of our interviews with workers and managers this focus was mentioned. In general there was strong support for this idea that children should be kept at home if possible, and that the systemic unit model explicitly worked to achieve this.

Of course it is open to question whether a local authority should have such an emphasis on keeping children at home. This issue is returned to in Chapter 7 (on Practice) and in the Discussion chapter. Yet here we are not interested in what the “right” focus is. Rather, we are looking at the organisational manifestation of its key goals. What was obvious was that in LA1 there was a general organisational focus on keeping children at home where that was possible as a goal for the organisation: keeping children at home was thought to be in their best interests (where possible) and the organisation was aimed at supporting this goal. As a result, we did not observe a sense of discord within the organisation around this: all elements of the organisation were working toward a shared goal. In LA2 there was less of a clear ethos of keeping children at home as a good thing. Indeed, there seemed to be considerable variation between workers and managers and within the organisation as a whole about the extent to which workers saw this as a goal. In contrast, this was widely perceived to be the role for this specific Panel. As a result the Panel acted as a gatekeeper and was seen as at odds with professional judgements. In effect, in LA2 we saw institutionalised discord between two of the three main sets of values within Children’s Services: that between a need to reduce costs and what was seen to be in the best interests of the children. This set of values is considered in the next section.

Improving the welfare of children and families

In all three of the LAs welfare of children and their families was one of the core values driving the work. A common feature of all the LAs was that talk about what was best for a child was much more frequent at the level of the worker and the team, where the specifics of individual cases tended to be discussed, than in the communications from higher levels of the organisation. This alone made a difference to the way that values permeated the organisation. As already raised in chapter 5, and further expanded upon in chapter 8, there was far more discussion of children and their families in LA1. As a result, we observed more discussion of what was best for children and their families in LA1. The nature of these discussions and their potential impact on practice is considered in chapter 8. Here we focus on the ways in which the values of the organisation are manifested with a particular focus on the relationship between the level of worker-in-

team or unit and the higher levels of the organisation. This happened in two ways. First, the discussions within teams or units about the wider organisations core aims. Second, the ways in which the layers of management above the team or unit made explicit their values to those doing the work.

As we noted in Chapter 5, one of the features of work in LA1 that was virtually completely absent from LA2 or LA3 was institutionalised discussion of theories, research and ways of working within unit discussions. Implicit in these discussions, and often explicit, was discussion about the systemic unit way of working – more commonly expressed (in discussion and in documents) as “the way we do things here”. In essence, we often observed discussions about particular ways of working, and these usually involved some discussion about the aims of the organisation. The following is a fairly typical example of such discussion:

“A special slot of 45 minutes was given to the Clinician who gave a presentation on a flipchart to the group about ‘risk’. He also gave out handouts. He asked us all what we thought about risk and workers discussed how it related to work in LA1 and specifically to looked after children. Each gave an example of risks they had taken. [Various case examples were discussed]... In conversation the use of risk in the systemic unit model was discussed. Workers suggested it allows them to take more risks as there is more time and greater staffing resources. This increased risk taking has been applied to a test case family in the past. The increased resources were ploughed into the family and at first the family appeared to be benefitting. However, the family began to take advantage and it is important to know when to draw back and to take charge of the situation without letting it run away.”

The point of this excerpt is that the discussion was used to allow the unit members to talk not just about “risk” but also about how risk related to the organisational context of the systemic unit model. This was a common occurrence within LA1. Here is another example, this time around closing cases, starting with a specific case example and then a discussion with the Consultant about that decision:

“The Consultant took advice from the Group Manager before closing because of the very serious level of violence mum had experienced (she had been strangled till unconscious, her head smashed head against a wall causing her to lose teeth etc.). The domestic violence had gone on for ten years and the Consultant commented that this is one where there are serious concerns for the mother - that she will turn up dead because her partner has killed her. However, the Group Manager agreed that they had done all they can so the plan is to close - but again if it comes back they will go straight to child protection’. (field notes, LA1)

The Consultant in this unit argued that closing cases such as these is all about confidence. They saw it as being a crucial part of the systemic unit model, but one that

not all units adhere to. The Consultant mentioned one unit that has 21 cases (children) open for over 2 years - they thought this was wrong and not consistent with the model – describing them as "bed blockers" holding up services. They felt these units don't understand the right to family life, and what the systemic unit should be doing is:

*“Stepping in, strengthening and stepping back - without creating dependence.”
(Consultant: quote taken from field notes, LA1)*

The point here is not whether this was the “right” or “wrong” decision (we try to unpack some of the complexity around such decisions in Chapter 8). Rather, what is key here is that the approach to the family was seen to be understood within the values of the systemic unit model. The model and the broader ethos of the organisation were intertwined. In LA1 workers and units were observed frequently discussing the key values of the organisation.

It is possible that the absence of such discussions in LA2 and LA3 was because they did not have a new and “innovative” way of delivering services. This does not seem a convincing explanation. LA3 was in the midst of restructuring and LA2 was undergoing a variety of organisational changes. One might have expected workers to be talking about what the purpose of these changes was, but this did not happen. Our observations suggest that the systemic unit model can only be understood if the wider organisational values that allow it to make sense are taken into consideration. At the simplest level, units cannot work if they do not agree a shared set of values and this necessitates discussion about what the organisation is trying to achieve. In the conventional model, a worker and supervisor need to come to an understanding but there does not need to be wider discussion of organisational values.

It is worth noting here that what is necessary for the systemic units to work is a clearly articulated organisational “vision”, incorporating the values and ways of working the organisation believes in. It might be possible in principle for a very different set of principles to be compatible with the unit model. What is hard to imagine is to have units – and therefore shared working – without a strong set of organisational values to inform them.

The second difference between the authorities was in the manifestation of the values of the organisation by managers at levels higher than the team or unit. Here there were some striking differences. In LA1, policies and the behaviour of senior and middle management regularly focussed on what was best for children. This was seen to be at the heart of the systemic unit model approach, and it was therefore championed and discussed regularly when senior or middle managers were observed. This impacted on practice and values even when such managers were not present. For instance, the following interaction was noted at a unit meeting:

'The Clinician raised the point that if the Group Manager of looked after children looked into their work and saw what was/ wasn't happening he would question some things. These are things that the unit knows will help their relationship with their young people, but aren't necessarily following protocol strictly, such as giving them a local travel card'. (field notes, LA1)

This was a telling interchange. It was one of a small number of observations in LA1 in which doing the right thing for children rather than following protocol was identified as important. In neither of the other LAs were there any instances of this promotion of perceived children's welfare over protocol. Rather the reverse: protocol was predominant. There are two interesting aspects of this example. The first is that it is very hard to imagine it happening in the other LAs: the authorities just did not operate like that. Protocols and procedures were there to be followed. There was no discussion of more senior managers suggesting they should be ignored in the interests of children.

The second is that it illustrates the way in which senior and middle management values can permeate an organisation. It is in some ways the converse of the example outlined above in which a senior management focus on procedures led to practice that was procedural. Here management focus on creatively meeting the needs of children led workers to actively think about whether standard protocol was appropriate: the sense was that the Group Manager would be unhappy if they did *not* bypass protocol in the interests of the children. As such this seems an important indication of a more general tendency to prioritise what was perceived as best for children and their families, rather than other types of intra-organisational imperatives.

This focus was also found in LA2 and LA3. For instance, we observed a Panel for approving spending for looked after children in LA2 (the same type of Panel discussed above in relation to containing costs). The remit of this Panel was in part to control costs, and a finance person had a key function in discussions. Yet in our fieldwork notes the researcher observed that:

"Although they are clearly operating within budgetary constraints (hence the presence of the finance person) the meeting I attended had a definite focus on the best interests/ placement needs of children. The group manager seemed to have a good knowledge of the case histories (they were families with long term involvement).... And decisions were made based on what was best for a particular child." (Fieldnotes, LA2)

In some senses this illustrates the complexity in talking about the key "values" of the organisation. Earlier we gave examples of social workers feeling that this Panel was driven by a desire to save money; when we observed it we felt that the needs of children were the priority. In reality both are legitimate organisational foci.

Yet we give this example more as an exception than as a common occurrence. In LA2 during the period of our involvement the predominant focus of management was on obtaining a good Ofsted inspection, with considerable involvement in trying to control expenditure. We observed little senior management focus on what was best for the child or family. This was, in fact, the only example in our field notes. In contrast, in LA1 Group Managers and Service Managers were often noted having conversations with workers, attending unit meetings or having their decisions reported back to staff – and the vast majority of these comments seemed to have a focus on what was best for the child.

Of course the influence of managers can only be understood in the context of the time when observations were made, and as discussed in earlier chapters the poor Ofsted inspection had a major influence on the focus of more senior managers. Similarly, in LA3 the restructuring and the imminent visit of Ofsted influenced the priorities that managers communicated to workers. In LA3 observers generally felt that:

‘Social workers and managers in LA3 generally presented as having a sense of loyalty and an emotional investment in working for LA3, improving the welfare of children and families’. (field notes, LA3)

Also the comments of workers about more senior managers in LA3, which we present in the next Chapter, were generally positive. In fact, we observed little direct influence of more senior managers on practice in teams while we were in LA3. This may in part be because we were there for less long, but it is more likely to be because the challenges of restructuring and of preparing for Ofsted reduced the amount of time that they were spending in day-to-day practice issues. Whatever the reason, we observed little direct promotion of what was best for the child or family from more senior managers in LA3, though the organisation clearly had a culture in which workers were very committed to doing what was best for clients.

5.3 Summary

This chapter has considered differences between the LAs at the highest level – how the organisations and Children’s Services departments as a whole structured and supported practice. We looked at two elements of how organisations shaped practice: the general and specific enabling conditions, the organisational values and the impact of change. Key points were that systemic unit model was characterised by general LA-wide enabling conditions not directly related to the systemic unit model, such as:

- Workers having enough desks and computers
- Bins emptied for workers
- Equipment that did not work seemed to be replaced or repaired

- Provision of spaces for workers to have breaks or informal discussions

Specific conditions within Children's Services that seemed geared toward making the work less burdensome, such as:

- Devolving decision-making (e.g. in LA2 we observed a payment for £1.50 taking a social worker over an hour and three forms to complete)
- Streamlining processes so that there were fewer forms
- Better IT systems.

There were also clear differences in the values exhibited by senior and middle managers in the 3 LAs. All three involved the following priorities:

- Avoiding negative publicity (eg through poor Ofsted inspections or a child dying)
- Reducing or controlling costs
- Improving the welfare of children and families.

In each LA the balance between these varied. In LA1 the welfare of children and families seemed the most important value, communicated through meetings, policies and in day to day practices. In LA2, completion of paperwork for Ofsted while controlling costs were the dominant considerations. LA3 saw a struggle between a commitment to children and families and the burden of Ofsted and administration in the organisation.

The results chapters so far have considered the overall nature of Children’s Services, the key features of the conventional and systemic unit models and wider organisational differences between the authorities. In the next chapters we examine the nature and experiences of practice in the three authorities. However, prior to doing so it is necessary to look at one of the most important elements of any organisation: the people delivering the services. The quantitative and qualitative data in this section are drawn almost entirely from the 104 interviews with social workers, managers and other staff. The chapter focuses on the composition of the workforce in the 3 LAs, their levels of stress and satisfaction and their views of the organisation they work in. There is a sense therefore in which the results in this chapter both explain and describe differences between the authorities. They explain them because some of the differences described already or outlined in the next chapter may be due to differences in the workforce. The chapter describes differences, because findings such as variations in levels of worker job satisfaction or stress may be seen to be related to organisational factors. In this chapter we primarily describe our findings. Some of this complexity in interpretation is touched on at the end of the chapter, and then explored in depth in the Discussion chapter.

6.1 Description of the sample

Table 6.1 identifies which types of teams in different LAs the workers came from. It can be seen that a reasonable cross-section of workers from different teams was achieved. The main variation was that in LA2 the study was not able to interview assessment workers. In LA3, workers covered family work and looked after children – as well as four interviews with non-social workers from inter-disciplinary teams (only included in qualitative analysis).

Table 6.1: Local Authority and Team for Worker Interviews

Services	LA1	LA2	LA3	Total
Assessment	11	0	12	23
Children in Need	15	19	26	82
Looked After Children	11	4		
Leaving Care	7	4		
Total	40 (38%)	26 (25%)	38 (36%)	105 (100%)

Table 6.2 outlines the roles of workers across the three authorities. As might be expected, the different structure of units compared to teams led to important differences in the nature of the participants in the study. An obvious difference appears to be a smaller proportion of social workers in LA1, with more “managers” and non-qualified positions. However, the picture is somewhat complicated. Firstly, Consultants had a managerial role but also did a lot of social work. They are therefore rather different to a DTM or TM. Secondly, almost half the Child Practitioners were qualified social workers (42%), while none of the social work assistants were qualified. Thirdly, the respondents in LA3 included three students and some workers who were part of the integrated teams that were being disbanded during the period of our observation. It is probably important to note the key finding in relation to this table, which is that as outlined in previous chapters the systemic unit model involved a rather different mix to that within more conventional teams. In particular, having a Consultant in a small unit meant almost twice the proportion of management per worker in LA1 compared to the other authorities.

Table 6.2: Role by local authority

Job Title	LA1	LA2	LA3	Total
Social Worker	12 (30%)	17 (65%)	23 (60%)	52 (50%)
Consultant, Deputy or Team Manager	11 (27.5%)	4 (15%)	5 (13%)	20 (19%)
Child Practitioner or Social Work Assistant	12 (30%)	3 (11.5%)	1 (3%)	16 (15%)
Clinician	5 (12.5%)	n/a	n/a	5 (5%)
Other (students and other roles)	0	2 (8%)	5 (13%)	7 (7%)
Non-social workers from integrated teams	n/a	n/a	4 (11%)	4 (4%)
Total	40 (100%)	26 (100%)	38 (100%)	104 (100%)

Average ages of social workers in the three local authorities were very similar (36-40 years). There were more female social workers than male in all three local authorities at a ratio of almost four to one, yet there were no significant differences between the local authorities when considering their gender composition of workers. The ethnicity of LA2 differed from the other authorities, with a majority of workers being black ($\chi^2=20.51$, $p<.001$).

Table 6.3: Age, gender and ethnicity of workers interviewed

	LA1 Mean (sd),or %	LA2 Mean (sd),or %	LA3 Mean (sd),or %	Total Mean (sd),or %	Test Statistic
Average age	36.19 (9.73)	38.90 (9.75)	38.83 (9.67)	37.84 (9.68)	$F=0.77$
Female	26 (81.3%)	16 (64.0%)	27 (81.8%)	69 (76.7%)	$\chi^2=3.11$
White British/ Other	20 (64.5%)	2 (9.1%)	18 (60.0%)	40 (48.2%)	$\chi^2=20.51^{***}$
Black British/ Other	5 (16.1%)	14 (63.6%)	9 (30.0%)	28 (33.7%)	
Other	6 (19.4%)	6 (27.3%)	3 (10.0%)	15 (18.1%)	

*** $p < .001$

Levels of qualification are presented in Table 6.4. All the LAs had similar levels of qualified social workers. LA3 differed from LA1 and LA2 in having an almost entirely UK qualified workforce. In relation to level of qualification there were more similarities than differences, with in general a high level of academic qualification. There were however some differences between LA1 and LA2, with no workers without at least a degree and considerably more with a Masters degree in LA1. The workers without a degree level of qualification in LA3 were primary non-social work staff from integrated teams. LA1 also had fewer temporary workers: one in twenty rather than approximately a fifth of the workforce. This did not achieve statistical significance as in all authorities the proportion was relatively low. Despite this, from an operational perspective this may be a difference worth noting. On average, workers had been in post for 2 to 3 years, with LA2 having the least stable workforce.

Table 6.4: Qualifications and Training

	LA1 Mean (sd), or %	LA2 Mean (sd), or %	LA3 Mean (sd), or %	Total Mean (sd), or %	Test statistic
Qualified SW?	30 (75.0%)	21 (80.8%)	26 (76.5%)	77 (77.0%)	$\chi^2=.304$
Qualified in UK?	22 (73.3%)	15 (71.4%)	24 (92.3%)	61 (79.2%)	$\chi^2=4.11$
Highest qualification					
Professional Diploma	6 (15.0%)	2 (7.7%)	3 (8.8%)	11 (11.0%)	$\chi^2=6.67$
Degree	19 (47.5%)	13 (50.0%)	17 (50.0%)	49 (49.0%)	
Masters	14 (35.0%)	6 (23.1%)	11 (32.4%)	31 (31.0%)	
Other* (NVQ, A Level)	1 (2.5%)	5 (19.2%)	3 (8.8%)	9 (9.0%)	
Temporary (student, agency worker or other)	2 (5.0%)	5 (19.2%)	8 (23.5%)	15 (15.0%)	$\chi^2=5.44^+$
Months in current post	30.73 (29.7)	24.2 (18.5)	31.5 (36.0)	29.3 (29.6)	$F=.53$
Months qualified	81.3 (85.2)	83.5 (69.0)	84.8 (89.6)	83.1 (81.8)	$F=.01$
LA training meets needs	28 (80.0%)	15 (60.0%)	18 (52.9%)	61 (64.9%)	$\chi^2=8.79^+$

* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$

There was a nearly statistically significant difference in the level to which workers thought local authority training was meeting their needs ($F=8.79$, $p<.067$). While the average was almost two-thirds being satisfied, this varied from almost 80% in LA1 to just over half in LA3. Comments from workers suggested that in general there was a high level of satisfaction in LA1 with the systemic training provided. Typical comments included:

“Systemic training was brilliant - helped in communicating with families, reflexive questions etc”

In fact, there was only one negative comment about training from a social worker in LA1, though this did not relate to content as much as access to training. This worker said:

“Opportunities are there however there is selective training offered, regarding who they allow access training, they can hinder or help staff progress”

One group that were not included in this analysis, but who did express some frustration with training in LA1 were the UCs. They felt that their new role required new training and skills development and that this did not yet exist. They could not usually go on courses aimed at practitioners, but the administrative training support did not address their new role.

The views of staff in LA2 and LA3 about training seemed rather similar: they felt ambivalent about it, with workers often saying that there was not enough of it or that it was not of sufficient depth. One worker described how they apply for training based on a list they are given, but that “some [training courses] are better than others.” Another worker noted the influence of budget cuts on the training provision:

“Because [LA2] are trying to save money there is a lot of in house training and this is never as good.”

The difficulties of finding the time to attend training were also noted by staff, who recognised the strain between the need for longer courses and the time limitations:

“The in house training is usually for 1 day and needs to be longer, however there are time constraints due to the demands of the job” (LA3)

6.2 Social Workers' Stress, Burnout and Well-Being

The Copenhagen Scales were used to consider worker burn-out and stress levels. These were developed on a large sample (c.14, 000) of Danish workers in various caring settings (Kristensen et al, 2005). In particular we administered the following subscales:

- 'Social Support'
- 'Sense of community'
- 'Work Burnout'
- 'Client Burnout'.

The results are presented in Table 6.5. Three findings emerge clearly from this table. First, there were no statistically significant differences between the LAs. There was little discernible difference between the authorities in relation to any of the issues being measured. There were some individual questions that were significantly different (workers in LA2 were more likely to "feel worn out at the end of the working day" while those in LA1 were less likely to feel "every working day is tiring"). These contributed to a trend toward lower levels of work burnout in LA1, yet the picture is one of similarity rather than difference.

Table 6.5: Levels of support, burnout and emotional well-being in workers (Copenhagen Scales)

Questions	LA1 mean (n=40)	LA2 mean (n=24)	LA3 mean (n=34)	ANOVA Significance
Level of social support	81.6 (17.4)	77.7 (16.4)	79.8 (16.9)	F=.379
Sense of community	84.0 (14.5)	81.7 (19.1)	85.2 (17.3)	F=.319
Level of work burnout	52.3 (14.7)	53.0 (15.2)	56.4 (17.0)	F=.682
Level of client burnout	29.1 (18.2)	29.1 (17.5)	32.3 (16.6)	F=.370
Total average score per worker	53.1 (12.1)	52.3 (9.4)	56.2 (10.9)	F=1.046

The Copenhagen Scales also asked about 4 specific elements of working life which are set out in Table 6.6. The scores for these elements and the average scores (1=very satisfied; 2=satisfied; 3=unsatisfied; 4=very unsatisfied) and whether statistical differences were found are provided. They suggest that in general most workers are satisfied but that there was a very significant difference in levels of satisfaction in LA1

compared to LA2 or LA3 (which have similar levels). This is interesting, as it suggests that there were notable differences between LAs in the perception of workers, but that these did not translate in a straightforward way into levels of stress or burnout.

The Copenhagen Scales also asked about 4 specific elements of working life which are set out in Table 6.6 (1=very satisfied; 2=satisfied; 3=unsatisfied; 4=very unsatisfied). The percentage satisfied (i.e. scoring 1 or 2), the average scores and whether statistical differences were found are provided. They suggest that in general most workers are satisfied but that there was a significant difference in levels of satisfaction in LA1 compared to LA2 or LA3 (which have similar levels). Workers in LA1 were more pleased with working conditions and with their job as a whole. This is interesting, as it suggests that there were notable differences between LAs in the perception of workers, but that these did not translate in a straightforward way into levels of stress or burnout.

Table 6.6: How pleased are workers with elements of work?

Questions	LA1 Satisfied?	LA2 Satisfied?	LA3 Satisfied?	F Score
How pleased are you with your prospects?	92.3%	78.2%	85.3%	
Mean satisfaction score (sd)	1.88 (0.76)	2.25 (0.70)	1.91 (0.62)	$F=2.08$
How pleased are you with physical working conditions?	100%	70.8%	76.4%	
Mean satisfaction score (sd)	1.70 (0.46)	2.42 (0.72)	2.26 (0.62)	$F=13.95^{***}$
How pleased are you with the way your abilities are used?	94.9%	82.6%	79.4%	
Mean satisfaction score (sd)	1.88 (0.79)	2.09 (0.52)	2.15 (0.70)	$F=1.51$
How pleased are you with your job as a whole?	92.3%	79.2%	88.2%	
Mean satisfaction score (sd)	1.73 (0.82)	2.21 (0.59)	1.97 (0.52)	$F=3.98^*$
$^* p < .05$ $^{**} p < .01$ $^{***} p < .001$ $^+ p < .10$				

The well-being of workers was also explored using the General Health Questionnaire (GHQ). This is a widely used standardised measure of current levels of anxiety and loss of confidence (Goldberg et al, 1978). It is usefully thought of as identifying current levels of stress (Carpenter et al, 2011). There is more than one appropriate way to code the responses. Here the Likert approach is used (with each response being coded from 0-3 with higher scores being more problems) as this provides a better indicator of overall level of stress in respondents

Overall, workers were least stressed in LA1, slightly more stressed in LA2 and considerably more stressed in LA3. These findings were not statistically significant, so it is possible that they might have been due to chance. However, they approached significance and were broadly in line with our observational findings. The overall picture of workers in LA3 being particularly stressed at the time of the study was supported in

all the data collected. These figures are also interesting when compared to other groups. The respondents in LA1 and LA2 appeared considerably less stressed than other research on social workers has found. Workers in LA3 had similar levels of stress to that found in other studies (e.g. Carpenter et al, 2011).

Table 6.7: Social Worker responses to the GHQ

	LA1 mean (sd) score n=40	LA2 mean (sd) score n=27	LA3 mean (sd) score n=38	F Score
Total GHQ item score per worker	9.88 (2.98) ^a	11.21 (5.23) ^a	12.82 (6.78) ^a	$F = 2.59^+$

* $p < .05$

** $p < .01$

*** $p < .001$

+ $p < .10$

^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, should be interpreted with caution.

6.3 Social workers' views of the LA and team

Social workers were also asked for their view of their LA, including the best and worst things about working there and (for LA1) their views on the systemic unit model model. For current purposes a simple thematic analysis is presented. This is returned to and considered with the model for understanding systemic unit model that we develop in subsequent sections and the discussion section.

LA1 Staff Views (n=40)

Table 3.11 considers the things identified as best about working in LA1. The number is each worker who identified a specific theme. It can be seen that overwhelmingly the most positive themes were different elements of the systemic unit model model. A flavour of the specific comments made by workers is presented for all themes with 7 or more responses (training comments were quoted in section 3.3).

Positive elements of the systemic unit model

We initially attempted to differentiate the elements of the systemic unit model model. However, as may be clear from some of these quotes, the different elements were closely inter-related (and in some instances comments are too general to differentiate). There was overwhelming support in qualitative interviews that shared unit working and shared responsibility is the most valued aspect of systemic unit model unit working. Interviews with staff indicated that unit working; joint work, discussion, reflecting, planning and decision making as a unit greatly supports social workers/staff in their work and it is felt that it can improve their practice and decision making. For instance:

“You are not alone, even if you feel stress; you (SW) don’t feel alone like it used to feel when working in traditional teams. You don’t feel insecure. You have more access to Group Managers too than in traditional teams. 5 heads are better than 1. Units are very skilled. Staff complement each other and have different strengths. I feel listened to and that I have skills & experience that I can share. You can count on these people. If my unit members are not around I can go to other units for help. [It’s] a culture where everyone helps out.” (17)

**Table 6.8: What are the best and worst things about working for LA1?
(n=40)**

Best things	Workers reporting	Worst things	Workers reporting
The systemic unit model	35 (87.5%)	Miscellaneous	12 (30.0%)
Colleagues and relationships	20 (50.0%)	Colleagues and relationships	7 (17.5%)
Management	18 (45.0%)	Finances and resources	7 (17.5%)
Direct work with families, children and young people	11 (27.5%)	Working with challenging families	5 (12.5%)
Other	9 (22.5%)	Recruitment and retention	5 (12.5%)
Theoretical approach including systemic work	7 (17.5%)	Stress	5 (12.5%)
Work culture and ethic	7 (17.5%)	Difficulties with unit working; roles and values.	5 (12.5%)
Local community	7 (17.5%)	Caseload	5 (12.5%)
Training	4 (10.0%)	Reorganisation and Career progression	3 (7.5%)
None/No best	2 (5.0%)	Paperwork	3 (7.5%)
		Building and facilities	2 (5.0%)

As well as general endorsements there were also some specific elements of the model identified as positive including the role of Unit Coordinators:

“Having the UC’s in units is brilliant. UC’s don’t know how valuable they are. Their UC uses her initiative and pre-empts what social workers/staff may need in advance before they even ask, scenarios already resolved. UC frees up staff time.”(13)

Or being a Clinician:

“I prefer this environment to CAMHS because in CAMHS, if people don’t turn up, a few times later you just close the case. But here there are a lot of opportunities for the social workers to be engaged with families and build them up to a level where they can access therapy.” (19)

Other positives

It was the relational aspect of the job, and in particular relationships with colleagues and management, that often had the most influence on how social workers felt in their jobs across the 3 Local Authorities. In LA1 social workers/staff cited the diversity of ideas and different perspectives as advantages:

“One of the best things about working in LA1 is the diversity and the population and the employees and really every component of the work. Everyone has different ideas and perspective and it makes it a really rich place to work. The other thing is my colleagues; we are very supportive of one another.”(36)

Another worker echoed this sentiment in describing the positive effect of being surrounded and challenged by highly skilled colleagues;

“The vast majority of staff in AA units are quite bright and good at their jobs; this makes you good at your job. You are being challenged all of the time. In LA1 there is an open culture, you feel you can get advice and discuss cases. Here you can approach the Group Manager and Head of Service and not feel worried.” (4)

There was also a view that the structure of the systemic unit model helped to cement close collaboration and team working;

“...I don’t know if it’s because of the open space but there is a sense that people are willing to work together as well. [...] it’s partly to do with the systemic unit model. The unit structure drives you to work in your unit you are working as a team member.”(9)

Another facet of the systemic unit model that emerges from interview data is the predominance of theory and evidence based practice. This was mentioned as one of the best things about working in LA1 by 7 workers, one of whom explained:

“Encouraging so much training is really positive, using specific methodologies I think is good too, you know what you are working in and towards.”(18)

A less specific positive identified by several workers was the general ethos and work culture. This was brought about by a “solid, stable [and] positive” (12) atmosphere, an

“ethos of openness” (5). One interviewee noted the importance of “dynamic systems” and a “willingness to try new things” (31).

One of the positives about their work was the young people and families they worked with. For many workers, this was one of the best aspects of the role, particularly with clients who they perceive to benefit most from their intervention:

“Working with young people who I love working with. Working in partnership with them, consulting them, advising them and seeing change come to young people from when they begin in the service to when they end the service. I like to see change.” (35)

It is perhaps unsurprising that facilitating change in families was a valued aspect of the job, but there was also evidence some workers sought out the challenge of engaging difficult clients. For instance, one worker told us: “I like working with resistant families and the challenge of engaging.” (2)

Along with the challenges and rewards of working with clients, and in common with the other LAs, workers often felt very positive about their local community:

“The demographics, just the area, I love working in LA1 because it is such a diverse community.” (20)

Critical comments in LA1

One of the unusual elements of the critical comments in LA1 was that most were one-off comments. The biggest single category is therefore “Other”. The following quotes give a flavour of the types of issues mentioned:

“Non child protection issues like immigration and housing sometimes stressful.”(8)

“Local Authority procedures difficult, obstructive to practice.”(4)

“CSW’s not involved in who is recruited into their unit-not good as relationships and mix of people is so important.”(12)

Although relationships with colleagues was perceived as one of the positives by many, the fact unit members work so closely together meant that inevitably tensions and conflict can occur. Seven workers identified this as a particular issue – and one that was potentially made worse by the unit model:

“It can get quite personal, and when you fall out in such a small unit there is nowhere to go. In a big team, chances are you won’t fall out as you don’t work so

closely, and if you do you can distance yourself easier. You rely on unit members, so much that when there is conflict it is very difficult. Covering annual leave is very difficult but on the whole it is still better than working in traditional team set up.” (25)

In common with all three LAs there was a sense that budgets were being cut and resources were limited:

“Since I have been here there have been a lot of budget cuts in the last year...so that has made practice much more difficult...a lot of our services were cut all over the place and that makes it much harder to intervene and work with very risky and dangerous situations where you can’t provide the intervention. For example domestic violence was huge, we were getting services for both perpetrators and victims, (now closed) and so it was up to us to really do the intervention and I am not confident with that, I am not skilled in that area.” (36)

And some workers felt that getting financial support for clients took too long:

“Challenges with finances-very difficult to get money. One person in whole building can issue Giro, and to get them there is a pile of paperwork and bunch of signatures that are needed. [It] takes an hour to get a Tesco’s voucher - frustrating. It’s a really cumbersome bureaucratic process to get money released.” (39)

The challenges both of carrying out work with potentially difficult families and of doing so in an LA where there was an expectation of relatively intensive engagement could be difficult. As one Clinician commented, the different specialists within units work in different ways:

“Some of the families are really suffering from long term problems where change doesn’t come along that easily.... I feel that I cannot always provide therapy support; in that kind of situation I try to support family members. This level is quite high and expectation is quite high, they need to be quite speedy in their practice whereas my framework is not that speedy, so we clash sometimes. My unit is very good in understanding this difference.” (19)

At a more general level one social worker spoke about the frustrations that were part of the work;

“Dealing with difficult issues of families, sad stories of families and lots of financial need we cannot solve.” (29)

Some problems in recruiting staff or retaining staff in particular positions were identified, particularly for the challenging role of CSW. One unit member noted that she has “...had 6 CSWs in her time here [and has therefore] seen different management

styles and approaches” (2). This also seems true at higher levels of management. For example, another interviewee said “They have found it hard to recruit and retain Group Managers.”(16)

Five workers identified specific problems with elements of the systemic unit model. These included issues around the definition of roles. One Child Practitioner noted that the “Definition of Child Practitioner role is not very clear... [and consequently]. I end up doing a wide role” (13).

The most common concern was about workload issues, particularly given the small size of units. The reader will recall positive comments above about the benefits of sharing cases and working together in small teams, however these aspects of the model were also the subject of some discontent:

“Because everyone knows about cases it makes it easier to push work onto other people – so it can work both ways. When people don’t pull their weight unit structure makes this more of an issue. I have had people not pulling weight and this can go unnoticed as work gets done anyway, it is easier for people to slack off. We could do with another social worker as they are so busy, so stretched at the moment. We would be able to do better work with another worker.”(26)

Another worker echoed the sentiment that shared caseload can be something of a ‘double edged sword’:

“I really like how closely we work together, there’s a real sense that it’s a shared responsibility. But you do notice it if you are a member of staff down (AL/sick leave), if it’s for a long period of time you notice it. There’s a real energy when you work together. Once you get to a stable point after getting to know each other it’s really good. But when you’re one worker down, especially if it’s the CSW/SW, the workload feels like a lot to manage. Ideally it would be nice if there was an additional practitioner in the unit...” (20)

Finally, one worker felt unhappy with elements of the core values associated with systemic unit model:

“If you disagree with something LA1 can be very strong in what they think and what they want, I feel I can have an opinion though and although I may disagree with something, I have been listened to...LA1 has a policy that children should stay with their families, sometimes I struggle with this. Yes I believe in the policy but for some cases I will think that the children should not remain at home, and that it is going to be worse if they remain at home. Even if the decision is not one you would have taken, you are given a chance to share your thoughts though.”(17)

And another, amongst some more positive comments, felt that the process of innovation had put pressures on them:

“Overall I quite like the unit model as it’s still new and there’s room for flexibility to try new things...the flip side is that it’s quite a dangerous place. systemic unit model is sometimes bad as well because it feels like you’re part of a research project, kind of partly being responsible for this new way of working that isn’t quite finished yet, that feels like an additional task.” (30)

Not all staff were happy in their role, and have commented on this, career progression, promotions and how the reorganisation into systemic unit model/units was implemented. A particular concern highlighted was that some CSWs were inexperienced and had been promoted too quickly.

LA2 staff views (n=27)

The balance of positive and negative comments was far more even in LA2. Nonetheless, many of the same issues appeared as for both the other LAs, including the pressures of the work and the administrative demands.

Best things about LA2

Colleagues and relationships were the most frequently mentioned best thing about working in LA2. Staff valued their “good relationship with colleagues” (42) and this helped mitigate the stressful nature of the work. At a wider level, positive relationships with colleagues benefitted the team as a whole for some staff. One DTM spoke highly of her team’s willingness to work together:

“The team is cohesive, they get on and work well together especially at times of crisis. People are always willing to come together and support colleagues. Can’t commend them enough as they pull together in very difficult circumstances.” (58)

The respect shown by managers for their team members is reciprocated by some workers in their interview comments. Managers were the second most mentioned ‘best thing’ about working in LA2, with some Team Managers being experienced as particularly good:

“Managers are really supportive, it’s just a really nice place to be and I look forward to coming to work.”(53)

In particular, the openness and accessibility of managerial support was noted as a positive by some staff:

“We have a very good team, managers have an open door policy, and it’s not just during supervision that you can speak with them. In some local authorities if you need to see a Manager it can take time, it is less easy. They also have flexibility when you need a day off etc which is good.”(47)

Almost all the positive comments in this section came from one team, a team which was observed as having a very strong and positive DTM (as outlined in the previous Chapter).

**Table 6.9: What are the best and worst things about working for LA2?
(n=25)**

Best things	Workers reporting	Worst things	Workers reporting
Colleagues and relationships	16 (64.0%)	Management	9 (36.0%)
Management	11 (44.0%)	Other	8 (32.0%)
Direct work with families	8 (32.0%)	Stress/ill health	7 (28.0%)
Other	7 (28.0%)	Caseload	7 (28.0%)
Training	5 (20.0%)	Paperwork	6 (24.0%)
Low turnover of staff/stable workforce	4 (16.0%)	Computer/IT	5 (20.0%)
Children and families improved outcomes	3 (12.0%)	Finances and resources	5 (20.0%)
Local/ likes working in community	3 (12.0%)	Aggressive/violent behaviour of clients	3 (12.0%)
Career progression	2 (8.0%)	Turnover of staff/unsettled staff teams	3 (12.0%)
		Procedures	3 (12.0%)
		Relationships with colleagues	2 (8.0%)

As in the other LAs a common source of satisfaction came from achieving positive outcomes for clients. This was particularly evident from comments about young people achieving:

“Seeing young people go off to University...being able, independent, part of society...” (64)

Worst Things About LA2

To avoid repetition the critical comments that focus on specific features of the LA (rather than the challenges of the work) are presented here. Interviews indicate that of all three LAs, LA2 is considered by its workers to have the least supportive system, with a high proportion of complaints or problems identified.

Management was a key part of this, and despite the positive comments from some staff about managerial support, management was also the focus for the most common criticisms:

“It feels like the way you work is questioned, colleagues are aware of this and feel aggrieved by it, these messages are filtered down from management - they are subtle” (65)

“Management only focus on the negatives, the shortfalls.”(66)

At a more general level, there were concerns about the size of teams:

“Teams are too big for one manager to manage.”(58)

Management support or lack of it could have a profound effect on workers:

[Summary of comments by a worker] “Has experienced a lot of stress, was getting ill and response from management was not immediate. It took a long time for managers to take work off her, her DTM was away and other DTM didn’t take action. 2 months ago she was completely run down, really behind, high case load, got colds and flu all the time. “I was basically a wreck”. So support could have been given much sooner.”(62)

A particular issue, and one that was present in all 3 LAs to some extent, was the level of work required. Many workers reported sheer number of cases as a key problem for them.

These issues were exacerbated by the bureaucratic aspect of the work and how staff felt performance indicators were prioritised over direct work with children, young people and families, and meaningful outcome measures for children. The general bureaucracy involved in decision making within teams was criticised:

“...a lot of panel and a lot of meetings...” (51)

And in particular the repetitiveness of paperwork was seen as a product of the bureaucratic procedural approach:

“s.47, core assessment and conference reports are exactly the same but tweaked. We are talking about the same things in different ways; lots of duplication, which is time consuming.” (61)

The same worker questioned the strict timescales: “if things are that high risk why are you having to spend so much time doing everything on paper – why aren’t you out there?” (61). He/she went on to summarise why he/she felt “the focus needs to change”:

“I don’t like the way that meeting timescales and ticking boxes equates to good social work, rather than the time you spend and the relationships you build, or how you work with families. Things are led by processes rather than the important bit, which is building the relationship. The problem is the way it is measured – it needs to be measured differently – the outcomes for children should be the measure. More flexibility on timescales would allow for more direct work” (61)

There was a general feeling that “too much time [was] spent on paperwork and form filling” (67). The following quote from another member of staff illustrates how staff felt this was a product of an agenda from above:

“Current social work is all about performance indicators, you know, ticking boxes, so, and the managers have got their boxes to tick as well. While we are responding to them cracking the whip, they are responding to someone else cracking the whip...What would really help is if they took the whips away. We are all adults; we all know what we are doing.”(91)

A particular feature of LA2 was that in interviews staff raised how they have to work with aggressive and violent behaviour and can feel at risk for their physical safety. This was a feature in all 3 Local Authorities, but concerns for worker safety were reported and observed more in LA2:

“Staff are expected to work with threatening and confrontational behaviour from young people. The work force does not feel safe and are aggrieved by this.” (66)

“Some rooms in the reception area are not secure/do not have key code working. There are also no security staff in the building. Safety is an issue.”(67)

And, despite the positive comments about good team atmosphere from some staff, others experienced their teams as less than supportive:

“Relationship with the team could be better, not much time to bond as work is very individual.”(41)

“I wouldn’t say we were much of a team team; just individuals that are in the same team.”(45)

LA3 social worker views (n=37).

Like LA2, the picture in LA3 is variable and more team dependent than LA1. Interviews indicate some good practice; mentoring, joint visits, supportive managers, staff feeling valued, and (sometimes/where possible) protected caseloads for new staff. Some staff however reported more negative experiences: lack of management when needed, high levels of stress and its negative effects on their emotional, mental and physical health. Challenges in LA3 generally relate to caseload and the availability of management.

**Table 6.10: What are the best and worst things about working for LA3?
(n=37)**

Best things	Workers reporting	Worst things	Workers reporting
Colleagues and relationships	22 (59.5%)	Working environment and resources; includes IT and parking	16 (43.2%)
Management	16 (43.2%)	Caseload	15 (40.5%)
Direct work with families and children	10 (27.0%)	Management	12 (32.4%)
Work culture/ethic	10 (27.0%)	Stress	9 (24.3%)
Discussion of cases, reflective practice, shared working (e.g.: joint visits)	9 (24.3%)	Restructuring/redundancies/integrated teams	8 (21.6%)
Improving outcomes for children and families	9 (24.3%)	Colleagues and relationships	7 (18.9%)
Local/likes working in the community	7 (18.9%)	Paperwork	5 (13.5%)
Other	5 (13.5%)	Time and reflection	5 (13.5%)
Procedures and processes	3 (8.1%)	Procedures and thresholds	5 (13.5%)
Career progression	3 (8.1%)	Other	5 (13.5%)
Training	2 (5.4%)	Challenge of children social work	8 (21.6%)
		Finances and resources	5 (13.5%)

The ‘best’ things about working in LA3

When workers in LA3 were asked what the best things about working there were, similarities with those in other LA's emerged. The main themes that workers identified as the best things were good relationships with colleagues and the support this engendered:

“Everyone is aware of the stress and recognise the pressures. If a team member notices that another team member is very busy or stressed, they will say that they

have capacity to take another case etc. If I have been in this position I have offered to take work, and I have also been supported by a team member taking work.” (99)

Management was also praised by workers who felt happy with the management they received:

“The team is supportive, you are not afraid to ask. The current manager is proactive, supportive and understanding.”(62)

“Open door policy with some Managers, you are never rushed out of a Senior Manager’s office. Managers understand what it is like to be in our position; they are not detached from the shop floor.”(92)

“Management structure is good. Appreciate being appreciated. Has a lot of experience of being willing to share and feels valued and enabled to do really effective work.” (81)

Work with clients was also seen as an important and enjoyable aspect of the job when things went well:

“Building trust with clients.”(68)

Sometimes a combination of all three of these was noted as positive aspects of working in LA3:

“Reflective culture. Good morale, really nice people and supportive senior management, different to previous when Consultants were in as the culture was different, more about auditing cases, completely different management style. Caseloads are very high, yet still managing.”(80)

The ‘worst’ things about working in LA3

There were however as many critical comments. There were problems reported in the basic conditions to work efficiently;

“We are working to capacity, the level of work and demands are too great to manage. The IT system Care First is a challenge to use; it can be crippling to record work completed with families.”(86)

“Cuts, people losing their jobs and the caseload is huge” (77)

These were particularly acute regarding parking, which was an issue that was mentioned by multiple staff. There was discontent that the limited parking available appeared to be allocated according to seniority in the organisation, rather than the front line workers

need to have easy access to transport, as discussed in the section on organisational issues.

As we found elsewhere, high caseloads and resultant stress and exhausting nature of the work were big issues:

“Social workers have high caseloads, stress is through the roof...Work can be exhausting.”(96)

And these were influenced by the double jeopardy of low resources and high levels of demand:

“Case loads are too high, it is not safe; we don’t want something to happen in LA3 (child death/harm) for this to be recognised. Following ECM, Every child matters policy, Lord Laming’s report and baby P we have seen an increase in referrals. We are under resourced and working over capacity.”(86)

The consequences of such high levels of stress were reportedly a decline in the personal welfare of team members and threats in terms of staff leaving (which would potentially exacerbate problems such as high caseloads):

“It is a really bad time in the team; everyone has stopped caring for themselves. Staff are off sick and may not be coming back. Stress.” (90)

Another ‘worst’ thing about working in LA3 that was raised was problems in availability of management:

“When you need supervision from the Team Manager they are not there and you are left vulnerable.” (87)

“I have worked in different boroughs, in LA3 they do not have the support for staff of my level; all efforts come from me. Removed 6 children all by myself, with no input or support, went to court by myself. I was experienced and so I could do this but I see more social workers going to court by themselves, without support.” (93)

These ‘worst’ aspects appeared to have a cumulative effect on the wellbeing of staff in LA3. For some staff this meant their “work/life balance was compromised.”(67), and the following quote illustrates how this compromise plays out – responding to other factors noted above like high workloads, inadequate management or avenues for support and advice, and time wasted by things like car parking problems:

“I come in earlier to work in order to cope, I am under great stress in my job, and inundated with work. If I come into the office for 7am it is quiet and this is the only

way I can get through the day before the working day starts. I work 11/12 hour days; 7am-6pm. I find it difficult to take lunch (93)

There was also evidence that for some, these pressures were draining the enjoyment out of their work:

“Social work was a job I loved doing but less so now. Every weekend I take home the laptop and work on recording/notes. I have a massive caseload of 40/50 children.” (92)

6.4 Summary

This chapter focussed on the nature of the workforce and issues at the level of workers. It was based on data from the 104 interviews with workers across the three LAs. The key points from this analysis are:

- LA1 had fewer temporary workers and a more highly qualified workforce than LA2
- LA2 had a higher proportion of black workers than LA1 or LA3
- Workers in all three LAs were experiencing comparatively high levels of anxiety, stress and “burn-out” when compared to the general population or workers in similar roles in other countries
- When findings were compared to other UK research on social workers, LA3 had similar levels of stress while LA1 and LA2 had considerably lower levels of stress.
- Workers in LA1 were overwhelmingly positive about the unit model. Positive aspects of the unit model could be grouped into themes and included:
 - Shared caseload and joint working
 - Unit Coordinators
 - Institutionalised use of systemic theory and evidence based methods
 - Management and work culture

Negative aspects of the unit model were mostly one-off comments that did not fit easily into themes. However, some staff noted the potential for things to become difficult when

conflict among unit members occurred. There were also critical comments about budget cuts and lack of resources, and problems were highlighted regarding recruitment and retention of staff.

- Positive and negative comments in LA2 and LA3 were more evenly balanced, but familiar themes like pressure and caseloads were identified. Factors that were noted as positive included:
- Colleagues and relationships
- Good management
- Working with clients
- Critical comments in LA2 and LA3 included:
- Bureaucracy and paperwork
- Large size of teams
- Poor management
- Unsupportive atmosphere and basic working conditions

7 Differences in Practice between Authorities

The previous chapters have outlined factors that might influence practice. These have included the nature of the work, broader organisational issues and variations between individual workers. Chapter 4 described the differences we observed between the units and more traditional teams in the ways that they were organised and what happened in the office. This chapter attempts to describe and analyse differences in practice in LA1 and the authorities using a more conventional model for service delivery (LA2 and LA3). Ultimately this is a key issue for the study: does the systemic unit model result in appreciably different practice with families? This chapter addresses this question. It has three substantive sections:

- The first section explores similarities and differences in the types of family and presenting problem being worked with. This provides a context for evaluating differences in practice.
- The quality of direct work with families and children is explored in the second section. This includes observational data, social workers' reports of the amount of time spent in direct work, evidence from interviews with simulated clients, social worker identification of issues in their practice and families' ratings of services.
- The third section briefly reviews observational data presented in Chapter 4 about the ways in which assessments were undertaken in the unit model compared to the more conventional model. It then considers social workers' satisfaction with their own assessments and the degree of agreement between parents and social workers on issues in families.

7.1 The presenting issues in families across the authorities

Social worker completed survey of currently allocated families

As noted in Chapter 2, social workers completed a survey for currently allocated families excluding children in care. A total of 425 were completed. They therefore provide a snapshot of demographic characteristics and the social worker view of presenting problems in families.

Demographics

The number of adults and children in the house and the average age of children were very similar across the three local authorities, with no statistically significant differences. In all three local authorities the biggest single ethnic group of children was white British. This was particularly prominent in LA3 where nearly fifty percent (47%) of children were white British compared to 25% and 28% in LA1 and LA2, respectively. However, the combination of Black British, African and Caribbean was very substantial in the London authorities (LA1 (45%) and LA2 (47%)) compared to LA3, while in all the authorities a large minority of children were black of mixed heritage. LA2 and LA3 had substantial Asian minorities.

Table 7.1: Demographic profile of allocated families

	LA1	LA2	LA3	Total Mean	<i>F</i> score
	Mean (sd)	Mean (sd)	Mean (sd)	(sd)	
Adults in house	1.64 (1.04)	1.70 (1.05)	1.60 (0.80)	1.63 (0.89)	<i>F</i> =0.337
Children in house	2.19 (1.28)	1.95 (1.14)	2.14 (1.26)	2.11 (1.24)	<i>F</i> =0.721
Average age of children	6.43 (4.02)	7.32 (4.54)	6.78 (4.73)	6.82 (4.57)	<i>F</i> =0.615

Table 7.2: Ethnic breakdown of allocated families

Ethnicity	LA1	LA2	LA3	Total
White British	28 (25%)	17 (28%)	99 (47%)	144 (38%)
White other	7 (6.31%)	4 (6.67%)	13 (6.22%)	24 (6.32%)
Black British	15 (13.51%)	8 (13.34%)	4 (1.91%)	27 (7.11%)
Black Mixed	13 (11.71%)	13 (21.67%)	45 (21.53%)	71 (18.68%)
Asian	7 (6.31%)	9 (15%)	37 (17.70%)	53 (13.95%)
Black African	21 (18.92%)	7 (11.67%)	5 (2.39%)	33 (8.68%)
Black Caribbean	20 (18.02%)	2 (3.34%)	6 (2.87%)	28 (7.37%)
Total	111 (100%)	60 (100%)	209 (100%)	380 (100%)

Statutory basis for allocation

As indicated in table 7.3 this was the question that workers most often did not answer. For families where it was answered, the largest category in all three local authorities was children in need (almost half), while child protection accounted for just under a quarter

of cases. It is not easy to compare the statutory basis due to organisational differences between local authorities. In particular, in LA3 workers continued to work with families where children were in care. A more helpful basis for analysis is perhaps therefore the proportion of families allocated as child protection compared to child in need. In LA1 this was 18%, in LA2 it was 33% and in LA3 39%. This was a highly significant difference ($F= 5.04$; $p<0.01$), suggesting a smaller proportion of families in LA1 were allocated as requiring a child protection plan.

Table 7.3: Statutory Basis of Allocation

Statutory basis for allocation	LA1	LA2	LA3	Total
Child in need	62 (47.3%)	32 (50%)	94 (41.8%)	188 (45%)
Child protection	14 (10.7%)	16 (25%)	60 (26.7%)	90 (21.4%)
Child in care	9 (6.9%)	1 (1.6%)	37 (16.4%)	47 (11.2%)
Other	7 (5.3%)	0	12 (5.3%)	19 (4.5%)
Missing	39 (29.8%)	15 (23%)	22 (9.8%)	76 (18.1%)
Total	131 (100%)	64 (15.2%)	225 (53.6%)	420 (100%)

With regard to social worker allocation and related issues, figures in the table below exclude assessment cases in LA1 as these distort the findings. The differences in length of time allocated a social worker were not statistically significant between the authorities, with the average ranging from 13 and a half months to almost 19. In contrast, there were highly significant differences in worker reported contact with families. In LA1 the average number of contacts was close to 2 and a half a month, while in LA2 and LA3 the number of contacts was just over half that level. This is consistent with the “diary” data reported by workers below that indicated considerably more contact time with families in LA1.

The difference in number of social workers seen over last 12 months is difficult to interpret, as the unit approach would be expected to lead to more workers being involved. It is interesting to note, however, that it does not seem to lead to more workers being involved with a family than single worker allocation in LA2. There is however a significant difference between LA3 and the other authorities.

Table 7.4: Social worker involvement for allocated cases

	LA1	LA2	LA3	F score
	Mean (sd)	Mean (sd)	Mean (sd)	
How many months has the family had a social worker?	15.63 (12.19)	13.52 (15.01)	18.73 (26.91)	$F=1.30$
How many times a month does a worker from Children's Services meet the family?	2.41 (1.92) ^a	1.54 (0.79) ^a	1.28 (0.70) ^a	$F=27.98^{***}$
How many different SWs have the family seen in the past 12 months?	2.26 (1.42)	2.26 (1.20)	1.52 (0.84)	$F=20.15^{***}$
	* $p<.05$	** $p<.01$	*** $p<.001$	+ $p<.10$

^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, though statistically significant, should be interpreted with caution.

Reasons why social services are involved with the family, rated by the social worker

Social workers were given a list of possible reasons why Children's Services were involved with the family and asked to rate how much of a problem this was for the family on a scale of 1 to 4, where 1 was not a problem, 2 was a bit of a problem, 3 was a problem and 4 was a big problem. Scores were added together and averages calculated for each local authority. Lower average scores indicate fewer families having serious problems for a particular issue.

One way between group ANOVAs revealed significant differences between local authorities' mean scores for nine of the issues identified and for the overall average score for severity of issues. Overall, higher levels of problems were identified by workers in LA1 and LA3 than in LA2, however there was a tendency for workers in LA1 to identify higher levels of "social problems" (such as housing and finances) and in LA3 workers identified higher levels of concern about child abuse, while LA1 and LA3 shared higher levels of concern about parental issues (such as a parent struggling to cope with a child or experiencing mental health issues).

Table 7.5: Social worker ratings for why social services are involved

Why are social services involved with the family?	LA1 mean (sd) n=67	LA2 mean (sd) n=66	LA3 mean (sd) n=228	<i>F</i> score
Problems with housing	2.23 (1.19)	1.88 (1.20)	1.82 (1.13)	<i>F</i> =3.142*
Not enough money	2.18 (1.06)	1.74 (1.04)	1.82 (1.03)	<i>F</i> =3.810*
Child's disability	1.14 (0.43) ^a	1.09 (0.38) ^a	1.18 (0.57) ^a	<i>F</i> =0.906
Child's behaviour	1.82 (1.04) ^a	1.45 (0.83) ^a	1.85 (1.11) ^a	<i>F</i> =3.709*
Parent finding caring for a child difficult	2.79 (1.06) ^a	1.49 (0.87) ^a	2.33 (1.24) ^a	<i>F</i> =21.902***
Parent with depression	2.05 (1.01) ^a	1.70 (1.05) ^a	1.97 (1.18) ^a	<i>F</i> =1.918
Parent with other mental health problems	1.88 (1.19) ^a	1.53 (1.03) ^a	1.68 (1.13) ^a	<i>F</i> =1.683
Parent drug use	1.75 (1.11) ^a	1.29 (0.67)	1.55 (1.02)	<i>F</i> =3.679*
Parent alcohol use	1.45 (0.88) ^a	1.23 (0.72) ^a	1.58 (1.05) ^a	<i>F</i> =3.427*
Physical abuse	1.30 (0.66) ^a	1.14 (0.46) ^a	1.50 (0.99) ^a	<i>F</i> =4.914**
Emotional abuse	2.21 (1.19) ^a	1.67 (1.00) ^a	2.31 (1.24) ^a	<i>F</i> =7.582**
Neglect	2.08 (1.14) ^a	1.35 (0.79) ^a	2.09 (1.22) ^a	<i>F</i> =11.245**
Sexual abuse	1.20 (0.61)	1.18 (0.61)	1.24 (0.75)	<i>F</i> =.189
Domestic violence	1.75 (1.16) ^a	1.45 (0.92) ^a	2.15 (1.30) ^a	<i>F</i> =9.294**
Average score	1.85 (0.41)^a	1.42 (0.39)^a	1.79 (0.52)^a	<i>F</i>=17.228***

* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$

^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, though possibly statistically significant, should be interpreted with caution.

Table 8.5: Social worker ratings for why social services are involved

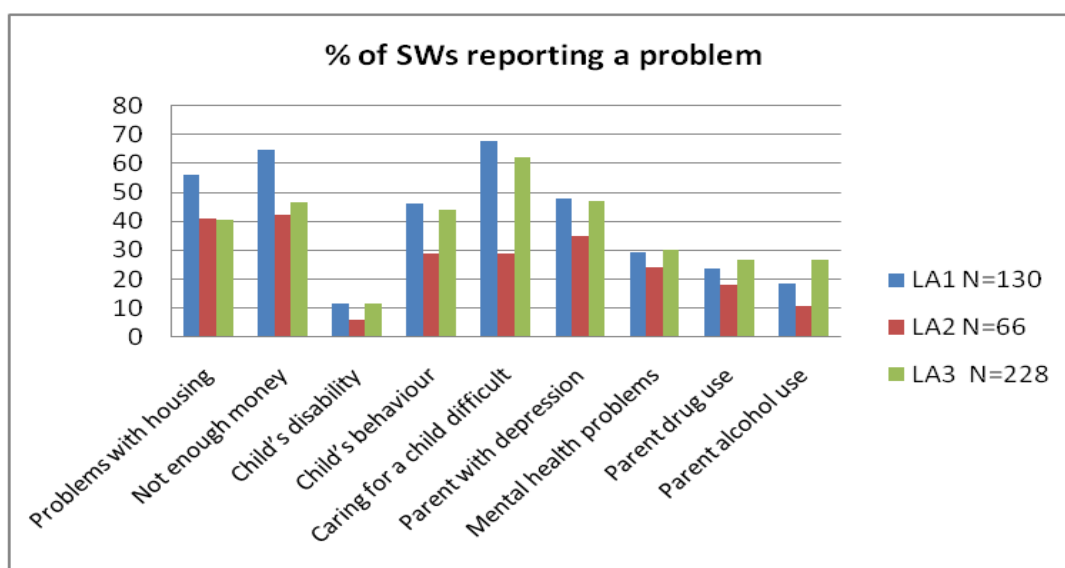
Why are social services involved with the family?	LA1 mean (sd) n=67	LA2 mean (sd) n=66	LA3 mean (sd) n=228	F score
Problems with housing	2.23 (1.19)	1.88 (1.20)	1.82 (1.13)	$F=3.142^*$
Not enough money	2.18 (1.06)	1.74 (1.04)	1.82 (1.03)	$F=3.810^*$
Child's disability	1.14 (0.43) ^a	1.09 (0.38) ^a	1.18 (0.57) ^a	$F=0.906$
Child's behaviour	1.82 (1.04) ^a	1.45 (0.83) ^a	1.85 (1.11) ^a	$F=3.709^*$
Parent finding caring for a child difficult	2.79 (1.06) ^a	1.49 (0.87) ^a	2.33 (1.24) ^a	$F=21.902^{***}$
Parent with depression	2.05 (1.01) ^a	1.70 (1.05) ^a	1.97 (1.18) ^a	$F=1.918$
Parent with other mental health problems	1.88 (1.19) ^a	1.53 (1.03) ^a	1.68 (1.13) ^a	$F=1.683$
Parent drug use	1.75 (1.11) ^a	1.29 (0.67)	1.55 (1.02)	$F=3.679^*$
Parent alcohol use	1.45 (0.88) ^a	1.23 (0.72) ^a	1.58 (1.05) ^a	$F=3.427^*$
Physical abuse	1.30 (0.66) ^a	1.14 (0.46) ^a	1.50 (0.99) ^a	$F=4.914^{**}$
Emotional abuse	2.21 (1.19) ^a	1.67 (1.00) ^a	2.31 (1.24) ^a	$F=7.582^{**}$
Neglect	2.08 (1.14) ^a	1.35 (0.79) ^a	2.09 (1.22) ^a	$F=11.245^{***}$
Sexual abuse	1.20 (0.61)	1.18 (0.61)	1.24 (0.75)	$F=.189$
Domestic violence	1.75 (1.16) ^a	1.45 (0.92) ^a	2.15 (1.30) ^a	$F=9.294^{***}$
Average score	1.85 (0.41) ^a	1.42 (0.39) ^a	1.79 (0.52) ^a	$F=17.228^{***}$

* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$

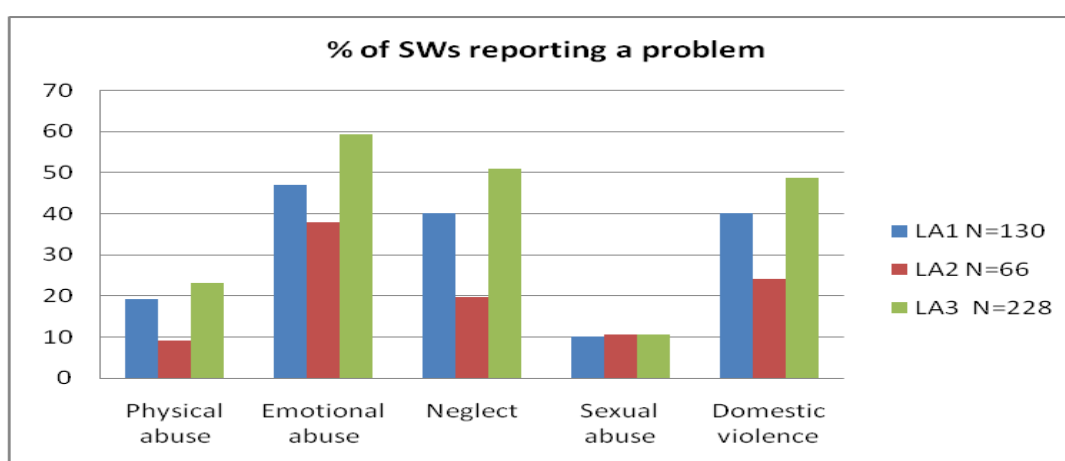
^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, though possibly statistically significant, should be interpreted with caution.

Results were transformed into binary responses of a problem versus not a problem (where the three responses, 'a bit of a problem', 'a problem' and 'a big problem', were each allocated a score of one. This total score was then compared to the response of 'not a problem' which was allocated a score of zero). Results are presented in Graph 7.1 to illustrate the findings discussed above. In whatever way the problems are presented the picture is clear: LA2 had the lowest level of problems identified, LA1 had higher proportions of social problems while in LA3 workers tended to identify higher levels of concern about child abuse/neglect and concerning parental behaviour. This pattern is also found in Graph 7.2 which looks at types of abuse/neglect and domestic violence.

Graph 7.1: Percentage of workers reporting a problem in each LA



Graph 7.2: Percentage of workers reporting presence of types of abuse



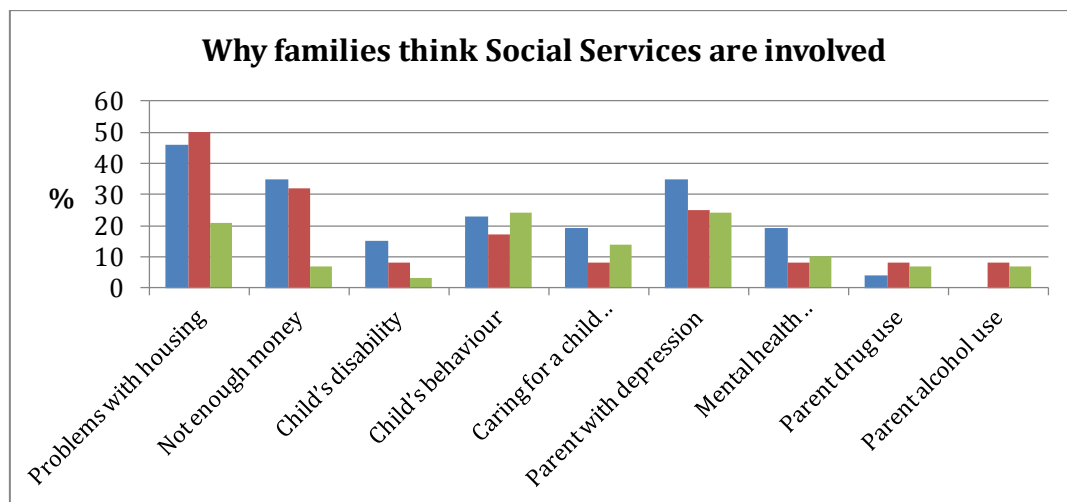
Family surveys

Parents in families currently allocated a social worker were sent a survey asking for their view of the issues or needs within the family and their views on the service they had received. Here we report on the needs they identify, in the next section the degree of agreement between workers and family is presented when we consider assessment issues and the parents' views of the service they received are outlined in the section after that which considers the nature of practice in the three authorities. Given the relatively small number of surveys returned care needs to be taken in drawing conclusions from this data. Nonetheless, it is interesting as a complement to the social worker completion of similar surveys on all allocated families.

Presenting issues in family surveys

These are set out in Table 7.6, and the proportion of families identifying the presence of a particular problem are presented in Graph 7.3 (the legend is as for the above graphs). Given the relatively small numbers of family surveys returned, it was necessary to combine LA2 and LA3 to provide a statistical comparison with LA1 (as the Systemic Unit LA) in Table 7.6. This is not ideal for variables where LA2 and LA3 vary in different directions from the findings for LA1. As can be seen in Graph 7.3, this is only the case for housing problems (where it is likely to mask the comparatively low level of housing problems in LA3) and “child’s behaviour”, where all three LAs had very similar levels. Where LA1 was compared to the other LAs there were no statistically significant differences. Nor were there differences in the number of problems identified by families. This tends to support the findings from the social worker questionnaires and the qualitative observations of practice that in general terms the presenting issues in the three authorities were rather similar.

Graph 7.3: Why families think social services involved



Overall then, the profile of the families worked with seems rather similar across the three authorities. The families allocated in LA2 seem to have somewhat less serious problems. LA1 combines some of the more serious levels of problems with significantly fewer children allocated as requiring child protection plans. The next section considers practice across the three authorities.

Table 7.6: Parents' Identification of Reasons for Social Services Involvement

Why are social services involved with the family?	LA1 mean (sd) n=26	LA2+3 mean (sd) n=38	t-test score
Problems with housing	2.38 (1.26)	1.95 (1.21)	$t=1.41$
Not enough money	2.00 (1.23)	1.74 (1.06)	$t=0.91$
Child's disability	1.35 (0.85)	1.13 (0.58)	$t=1.13$
Child's behaviour	1.77 (1.07)	1.71 (1.11)	$t=0.21$
Parent finding caring for a child difficult	1.62 (0.98)	1.53 (0.86)	$t=0.38$
Parent with depression	1.96 (1.18)	1.79 (1.12)	$t=0.59$
Parent with other mental health problems	1.46 (0.91)	1.34 (0.94)	$t=0.51$
Parent drug use	1.15 (0.46)	1.29 (0.69)	$t=0.87$
Parent alcohol use	1.12 (0.33)	1.29 (0.69)	$t=1.35$
Average score	1.65 (0.54)	1.53 (0.48)	$t=0.89$
* $p<.05$ ** $p<.01$ *** $p<.001$ + $p<.10$			

7.2 Practice across the three authorities

Relevant data was collected in relation to three areas of practice that seemed particularly important. These were:

- The amount of work with children and families
- The quality of the work undertaken
- The quality of the assessments and decision-making

Each is now considered in turn, with evidence presented from a variety of sources.

Amount of work with children and families:

Workers were asked to provide a diary for their work over the last working day. Results are presented in Table 7.7 (items for which differences did not vary such as travel and meetings are not presented). Workers in LA3 had the longest working day (9.09 hours), which was significantly longer than the other LAs. This was primarily because LA3 workers also spent the most time on admin work by 2 hours (6.35 hours compared to 4.37 and 4.12 in LA1 and LA2, respectively). On average workers in LA1 spent more time face to face with clients at 2.09 hours compared to 1.63 and 1.70 hours in LA2 and LA3, though this did not reach statistical significance.

Workers in LA2 reported seeing children or young people significantly more often than the other authorities, though on average workers in LA2 saw the least of members of other families. If contacts with children and other family members are added together they are similar across the authorities (at 7.76 for LA1, 8.64 for LA2 and 7.4 for LA3). However, this disguises some important differences at the level of the team and by the role of worker having contact with clients which are explored below. Interestingly, while LA2 workers had more contacts with clients they spent the least time with them. Again, this is unpacked further below.

Table 7.7: Worker diaries

Diary Items	LA1 Mean (sd) n=40	LA2 Mean (sd) n=27	LA3 Mean (sd) n=34	F score
Working day length (hours)	8.32 (1.08) ^a	8.73 (1.69) ^a	9.14 (0.94) ^a	$F=3.75^*$
How much spent face to face with clients? (hours)	2.13 (1.72)	1.63 (1.55)	1.73 (1.40)	$F=0.75$
Admin (hours)	4.34 (2.30)	4.12 (2.49)	6.44 (2.10)	$F=10.11^{***}$
Average number of times met a child or young person in working week	4.24 (2.88)	6.21 (4.95)	3.34 (2.38)	$F=4.02^*$
Average number of times met other members of family in working week	3.52 (2.84)	2.43 (2.65)	3.88 (2.70)	$F=1.36$

* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$

^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, though statistically significant, should be interpreted with caution.

In Table 7.8 contact with clients is broken down by worker role and type of team and compared across the three authorities. Some of the cells have very small numbers, and therefore statistical analysis is not appropriate. Nonetheless, some interesting patterns emerge. First, as noted above workers in LA2 have the most contacts with clients and yet reported spending the least time with them. This was in large part because of the high levels of contact in Leaving Care. From our observations this would often involve a young person dropping in to pick up money or have some practical matter sorted out relatively quickly. Two other differences directly linked to the systemic unit model also emerge from this data. The first is that as might be expected the Consultants – who are at the level of DTMs in other authorities – spend considerable time in client contact. This is particularly marked compared to LA3, who did not have DTMs in the community teams at the time of the research and whose Team Managers had limited client contact. The second difference is the high level of client contact from the Clinicians. It is clear that in general Clinicians were spending a lot of time in direct client contact.

Comparing time spent by type of team suggests that the Assessment units in LA1 and the teams in LA3 were spending similar amounts of time with clients. However, the child in need units in LA1 were spending considerably more time with clients – more than twice that reported in LA2 and considerably more than the community teams in LA3. Looked at another way, client contact was concentrated in child in need units in LA1 and Leaving Care in LA2.

The amount of time that each *family or child* gets with a worker is not solely shaped by the way the worker spends their time, it is also determined by the number of cases that they have. In this respect the time workers spend with clients should be divided by the number of clients that they have. As outlined in Chapter 5, it was difficult for us to get a reliable figure for caseloads. The crucial issue of caseload size is considered further in the discussion section. Nonetheless overall workers in LA1 seemed to have around half the caseload of those in LA3 and while we cannot be sure of the difference compared to LA2 an estimate of around two thirds of the number of cases is a conservative estimate. The net result of the difference in number of cases and time spent with clients means that overall in LA1 workers were spending about *twice as much time with each allocated case*. This was particularly pronounced in the child in need teams, where the combination of about twice as much time spent with families and fewer families meant that *each family would see three to four times more of their worker*. This is consistent with the reports of how workers spent their time, their feedback on times they saw each family from the survey and our observational data.

Families and children allocated a social worker saw more of their worker: but what can be said about the quality of the work undertaken with families? In the next subsection we consider our data in relation to this issue.

Table 7.8: Social Worker diaries

Diary Items	LA1 Mean (sd) n=40			LA2 Mean (sd) n=27			LA3 Mean (sd) n=38		
Worker Role	Times seen child	Times seen others	Hrs Spent w client	Times seen child	Times seen others	Hrs Spent w client	Times seen child	Times seen others	Hrs Spent w client
Social worker	3.89 (1.76)	4 (2.51)	2.3 (1.36)	7.00 (5.72)	3.22 (2.82)	1.91 (1.42)	4.19 (1.75)	4.43 (2.09)	1.69 (1.11)
Consultant/DT M/TM	4.0 (3.07)	2.6 (2.84)	1.53 (1.23)	2.5 (3.54)	2 (2.83)	0	0.33 (0.58)	0.33 (0.58)	1 (0)
Child Pract or SWA	5.3 (3.8)	3.7 (3.37)	3.13 (2.69)	5 (0)	1 (0)	0.67 (1.15)		6 (0)	1 (0)
Clinician	2.75 (1.26)	4.67 (2.08)	1.38 (1.25)						
Other				7.00 (2.83)		2.25 (3.18)	3.63 (4.10)	3.25 (3.58)	
Type of team									
Assessment	3.9 (1.45)	4.2 (3.16)	1.92 (0.58)				3.42 (2.64)	3.25 (2.63)	1.4 (0.65)
Child in need/LA3	4.07 (4.03)	4.25 (2.9)	2.58 (2.22)	4.63 (3.02)	3.88 (2.70)	1.08 (1.02)	3.67 (2.78)	4.14 (2.71)	1.77 (1.5)
Looked after	3.4 (0.55)	2.8 (1.3)	1.71 (1.58)	5.5 (0.71)	1 (0)	1.63 (1.33)			
Leaving care	6.75 (1.26)	0.5 (1.0)	1.67 (1.44)	9.75 (7.8)	0.25 (0.5)	3.25 (2.4)			

* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$

^a Test of the homogeneity of variance between the groups was significant which violates an assumption of the overall ANOVA test. Results, though statistically significant, should be interpreted with caution.

Quality of work with children and families

One of the key aims of the study was to compare the nature of practice across the three authorities. In Chapter 3 we outlined the common features of practice. Here we compare practice across the authorities.

We do this in relation to three main areas:

- The quality of relationships observed
- The consistency of practice observed
- The differences related to shared allocation of a case in units

In these three sub-sections of this section the focus is on our observational data. This is complemented by data from the survey of family views and social worker interviews.

The quality of relationships observed

In all three authorities we observed good practice in direct work with parents or children. For instance, the extended case example of a newborn baby being taken into care that was presented in Chapter 3 was an example of some excellent practice from LA3 that combined sensitivity with authority. Below we outline examples from LA2 where workers exhibited considerable skill in difficult circumstances. Yet overall there was a remarkable difference in the quality of the *relationships* we observed in the three authorities. In LA1 we observed several families and many looked after children who had warm and apparently close relationships with their social worker. We observed some positive relationships with families during our shorter period of observations in LA3. In LA2 we observed far fewer very positive *relationships* between worker and clients, even if we observed good practice in an interview. The flip side of this is that overall in LA2 and LA3 we observed far more fraught relationships, with workers dealing with difficult situations with varying levels of success. In addition, in LA2 (but not LA3) we observed quite a few poor relationships between workers and parents and many poor interactions with looked after young people. We felt that sometimes – in fact quite often - the worker or the organization was contributing to these poor relationships, as we outline below.

Positive relationships

As part of our analysis we coded meetings between worker and client as particularly “warm” or “positive”. This was done simply so that we could use them to describe positive practice in qualitative analysis. We had not expected to find that of the 17 positive examples, 15 were from LA1. The other two are from LA3. In looking back at the observation notes two factors seem important in understanding the tendency for more positive relationships in LA1. One is worker skill. As we describe below, some of the

problems we observed seem likely to be related to the way the worker talked to the client. The second issue was that the skilled practice we saw in LA2 and LA3 often seemed to be focused on dealing with specific difficulties or challenging situations. We saw such work in LA1, but we also saw quite a lot of work where positive relationships had been built. It seems likely that this may be because workers spent more time with families (as outlined above), or it may be for other reasons, such as the general level of stress the service was experiencing. Whatever the reason, the effect was striking in the quality of relationships we saw.

The positive example from LA3 (other than that around the baby being taken into care) was of a relationship between worker and family. It shared many of the features of positive relationships we observed in LA1, and in particular a skilled worker who had worked with a family for some time and where positive change had been achieved. In this family previous children had been removed due to neglect issues relating to alcohol misuse. The worker had been involved quite intensively for almost a year and the parents had managed to keep the current baby. The visit we observed was dealing with comparatively minor issues in supporting the family. The meeting was characterized by the parents disclosing important emotional issues and listening in a questioning manner to suggestions the worker made around practical issues. We observed some similar relationships in LA1. For instance, we went on a visit with a family where the children had entered foster care for 6 months due to the mother's mental illness and the father's drinking. The workers in the unit had worked with the family to help the father address his drinking, as well as ensuring mother was engaged with services. When we observed a visit in this family, like the one in LA3 the relationship was positive with the father disclosing his concerns for the mother and appearing to cooperate with some practical suggestions for help. Similarly we observed a visit with a family in LA1 where the young mother had been in care, there had been concerns about her baby entering care and the unit had worked with her for around 6 months in a variety of ways. When the researcher was introduced and the purpose of the research explained the mother *"says several times (and again when we leave) that the social worker is brilliant and so much better than social workers she had in the past"*. There are thus examples of positive relationships between workers and families across the authorities, or at least between LA1 and LA3. In many the good relationships are features of families where there had been work for a period of time with some degree of success. We simply saw more of these in LA1 than the other authorities.

The most obvious differences we observed were in relation to older looked after children or children who had left care in LA1 and LA2. (We observed few meetings with looked after children during our briefer period of observation in LA3). In LA1 the meetings between workers and young people seemed very warm and caring. For instance:

The worker meets two clients during the morning.... with both of them there is a hug and comments about the worker's new haircut. There are clearly very warm relationships between her and them. They both talk about her in warm words when she is away. ... the second girl comes for a longer meeting. She is in university now... She is clearly close with this social worker and some of the more moving moments of the conversation come when she raises the issue of what will happen after she finishes university in terms of the contact with Social Services – she asks about the money but also other types of support. The social worker reassures her that it doesn't suddenly just happen on one day but they work with her to prepare her for that moment. She asks if she will not be able to see the social worker and the social worker says this is not encouraged but emphasises that of course if she sees her in the street she will not ignore her and she is staying around". [LA1]

There were many other examples of warm relationships between workers in LA1 and looked after children. In contrast researchers felt they observed rather different relationships between workers and young people in LA2. The differences with young people were more obvious. Here we observed several rather difficult meetings, and crucially the researchers observed practice that they felt contributed to some of these issues. This was not – generally – about workers being actively unhelpful. It was more linked to a tendency to a rather procedural approach to the work with young people. This could happen even in interviews that went relatively smoothly, for instance, notes from a meeting with a 17-year-old who had recently broken his leg:

Despite the injury and his frustration at the fact he will not be able to play football for about half a year, he is in a good mood and happy to answer all the questions at length. This social worker is a very organised person; he asks permission to take notes and then writes everything the young person is saying in great detail. He goes with him through the LAC review item by item – starting with the medical bit when he asks about different aspects of his health – very meticulously including a long discussion of whether it makes sense to postpone the treatment of [another injury].... He then moves to all the other sections of the LAC review, again very systematically. At one point they get into a long discussion about the need to save money - even from the small allowance they get - and also to use £200 that he is entitled to when he is 18 appropriately and not spend it all on a party. This is a conversation I have heard before from another social worker – I understand they are instructed to encourage the clients to save, but with some of them this talk seems very artificial and irrelevant, which makes the whole conversation a bit out of touch. In this case there is a lot of laughter around this and I think all three of us know the guy will not save money from his already very small allowance ... but

nevertheless the social worker goes on and on about that (again in good spirits). (LA2)

This interview went reasonably well, and while it covered quite a lot of administrative stuff, perhaps that was necessary. However, on other occasions this procedural approach seemed likely to miss potentially serious issues and cause unnecessary confrontations. Here we quote at length from fieldwork notes to allow a discussion about practice:

A social worker is meeting in the building with a 15 year old girl [who has been missing from foster care a lot]. She came unannounced with a friend asking for money. Seems lively – heavy and colourful use of make up and hair colours – not unlike other girls that age that I saw in reception since I have been here. ... She doesn't really engage with the worker, though more in an avoiding giggly way than in a hostile confrontation or 'couldn't be bothered' silence. When asked where she stays, she says on the road – mentions staying some of the time with a boy her age – social worker asks if this is the boy who has beaten her in the past and she implies in her answer yes, but tries to play down the severity of that fact or the amount of time they spend together or the nature of their current relationship ('he is not my boyfriend'). She refuses to give his address or name (although again in a more giggly avoiding way than upfront refusal). Unable to make progress on this issue, the social worker asks about laundry – the social worker urges her to at least use the laundry of the foster carer; she doesn't want to.... The social worker tries to understand how is she dealing with being on the road with clothes etc: is she moving with a big suitcase from place to place? And also queries about cooking – clearly she doesn't cook but eats out. The girl uses quite an impressive repertoire of all kind of swear words etc to describe the recent placement. She urges the social worker to find her a residential unit – the social worker tells her she is going to the Panel tomorrow but also gives her the 'it's very expensive' lecture. The whole conversation is done in a tone that is quite telling off – a bit like a teacher-to-pupil manner – the girl doesn't seem to take any of it in. She mentions she is hungry – the social worker doesn't respond. Later the Social Worker goes to bring the money and I stay with her and her friend. She asks me if I am there to assess the social worker and says things are much nicer in the meeting because I am there – I ask in which way, and she doesn't give specific examples, just says no one here really helps her The girl tells me you wouldn't like to be a child taken care of by these SWs.

When the social worker returns, an argument starts about receipts. Apparently the social worker asked her the previous time to bring her receipts for the clothing to show that she is using the clothing allowance for the purposes

it is meant. The girl says she used it to buy the shoes she is wearing which were bought from a shop which doesn't give a receipt. [The shoes are clearly not new and her attempt to explain that they are new but became dirty in the last couple of days is quite ridiculous]. There is some argument around that which at some point goes to a higher tone from the girl ("I am pissed off at this shitty treatment" etc). She calms down towards the end, takes the money, signs the form and thanks the social worker... (LA2)

Of course, in observing specific interviews it is not possible to say whether a particular approach was "right" or "wrong". Some elements of the practice in this interview are quite understandable. It is difficult to talk about emotional issues when a client does not wish to and therefore focusing on practical problems may be easier. Getting into an argument about spending and receipts is not an uncommon problem in social work. Yet most social workers, or even thoughtful members of the public, would have some concerns about this interview. (In fact, the researcher commented "If this was my daughter I would be very worried, but the social worker seems quite matter-of-fact.") This underage girl is at risk of sexual exploitation, as well as other types of abuse, including neglect. It may be difficult to have a meaningful discussion with her, but it seems important to do so. Of course, if this was a unique example of this then one might consider that the worker concentrated on the practicalities of the situation as an engagement strategy. However, this focus on practical procedures rather than relationships with young people seemed quite common. And there were even examples when the worker seemed actively to make the interview worse:

Later I join another social worker for a meeting with a client. ... It is not clear why the girl had shown up, but the social worker asked her to meet for a moment to take the address of people she is going abroad with. The girl said she gave it already to the Deputy, and the discussion gets a bit confrontational, with no real reason that I can document. This social worker is not making any effort to have a relaxed conversation, so it seems. She is unfriendly, in fact she seems grumpy and actively confrontational. (LA2)

Of course, this was a rare event in any of the authorities. Yet while this was a relatively extreme example it was an indication of a less caring and relationship-based way of helping people – particularly young people in care or after care – when LA1 was compared to LA2.

Whatever the contribution of workers to the observed process in interviews, there were clear differences between the authorities in the levels of violent or threatening behaviour. We observed directly or indirectly (for instance, with workers coming back from visits and talking about them) very little conflict with clients in LA1. LA3 had higher levels of challenging interviews. We heard workers being verbally abused on the phone, and observed them returning from very difficult interviews in which they

reported parents had been very challenging. LA2 had the highest levels of threats or abuse from clients, and it was the only authority in which we directly observed some of these interactions:

*The calm of the office was disturbed around 11am by a woman shouting to someone on her mobile, as she walked into reception. She stood by the reception window and loudly said "I'm in social services now and I'm gonna f***ing smash the place up". At first the staff in the office ignored her, then when she stopped shouting, the social worker for her case went out and spoke to her. She was unhappy that her child (who is in foster care) had gone on holiday without (she claims) her or her husband's knowledge. ... Five mins later the husband turned up, seemingly in a very bad mood. He stormed into the building, walking fast and making lots of noise, and looking like he wanted to kill someone.*

*...The meeting started and the client was immediately aggressive towards the social worker. His focus changed to an issue around payment of £30 he expected to receive. ... The man's aggression escalated throughout the meeting and several times he stormed out of the room and into the reception area, swearing and shouting. Reception was occupied during this with other clients, children etc - he was bellowing a stream of "F***" and "C***" etc the whole time. ... There were people in reception and the social worker received what can only be described as a relentless barrage of abuse. ... The social worker had very little scope to work constructively with the man due to his extreme aggression. The verbal abuse included attacks on his professional competence, and at one point he was called "a f***** Satanic c***".*

... The manager then came in and calmed things down a bit. At first the man spoke softly to her, complimenting the way she looked but straight afterwards he launched into another tirade using more very strong language and abusive sexualised talk about what to do with the money. The man also grabbed the social worker's piece of note paper and screwed it up ...

The manager tried to move things forward by acknowledging that the man was too angry to have a useful meeting, and suggested they had a meeting at another time. She explained that he was behaving in an unacceptable manner and that he could not say the things he was saying, as they were abusive. Eventually the man and his partner left. Things had calmed a bit and he shook the social worker's hand before leaving.

This was the worst violent or threatening behaviour we observed, though we heard accounts of several similar incidents. Indeed, following this interview in the office

workers told the researcher about three incidents of a similar level or worse because they involved actual violence that had occurred in that office in the last week.

It is important to stress that we are not saying that the worker or the manager in this case were responsible for this incident in any way. On the contrary, they seemed to handle this situation well. But we are observing that there seemed to be a lot more violence and threatening behaviour in LA2. Given that it did not have a markedly different demographic profile and, if anything, generally lower levels of family problems were identified in allocated cases, then the differences would appear to be due to systemic differences between the authorities. This issue is returned to in the Discussion Chapter.

The consistency of practice

One of the differences that was clear in observations but that is harder to present data on is that there was much greater variability in the quality of the practice we observed in LA2 and LA3 compared to LA1. In a nutshell, practice depended very much on which worker was dealing with a family. As described above, and also in examples in Chapter 3 and Chapter 5, we observed some excellent practice in each of these authorities. Yet equally we observed practice that would be concerning for most observers. We have given examples above of workers focusing on practical tasks, rushing through things, becoming involved in arguments about entitlements or even just appearing grumpy. We also observed workers saying that they were unhappy about their own practice. This was a particular feature of LA3, where many workers said after interviews or other meetings that they were not able to deliver the type of service that they felt they should because they felt so over-worked. Overall our observations suggested that in LA2 and LA3 sometimes workers lacked skills, or were rushed or poorly managed or in other ways found it difficult to offer the quality of interaction that the best workers in each authority offered – or that workers offered when at their best.

In contrast, in LA1 the practice was very consistent: and it was consistently of a high standard. In general workers were on time, relationships tended to be more positive with clients and workers tended to be consistently empathic with parents and children, without – in our observations – losing an ability to raise concerns as appropriate. The reason for this is discussed further in the Discussion Chapter, however the high level of joint working meant that as noted in Chapter 4 work was less private and this seems likely to have contributed.

Differences related to shared allocation of a case in units

In addition to differences in the nature of observed direct work, there were some specific differences that related to the shared allocations and various roles within the units. As noted in Chapter 4, in some instances units effectively individually allocated cases, or the extent of joint work with families and children varied. Nonetheless, in general cases were worked with by several unit members. Where a family had complex needs or there was an emergency this seemed to offer specific advantages over individual allocation.

For instance, the following is a highly edited account of the work of a unit with a pregnant mother (who we will call Hayley) where there were serious concerns about her ability to care for her child. The work took place over a long afternoon:

Consultant (CSW) and Child Practitioner (CP) met Hayley in the office at her request. Hayley was very young (about 18). One of her arms had a huge bruise (from a drip) and scars from self harming. Hayley was very distressed and crying, appeared quite dishevelled and self-neglected. CSW was very clear with Hayley regarding their concerns. CSW raised concerns about Hayley's emotional state, her moods and how this might impact on the baby. It was explained that there was going to be a legal planning meeting and a letter of intent was planned.

Hayley cried throughout this office visit, she said she was stressed, repeatedly said "I am fuming," audibly breathing in and out. She appeared to be trying to manage her behaviour/anger with this controlled breathing. She did not raise her voice or shout. She continually said she would not hurt her baby and that her stress was due to her housing, having no money and her ex violent partner; she wants to be rehoused outside LA1. Hayley reiterated that if this was sorted out she would not be stressed. CSW agreed that CP would meet with Hayley after this office visit to assist with finances, housing etc. Hayley said that when she last saw the psychiatrist he told her that after she had her baby she would not take baby home on discharge from hospital. ...[There was extensive discussion of concerns including drug use, violent partner, mental health and emotional stability. The CSW led discussion with CP saying less...]. CSW acknowledged how Hayley had threatened to 'kick out' at people before, but now she could control her emotions better now. CSW said she recognised this change in Hayley. CSW reiterated that Unit co-ordinator would be organising a legal planning meeting. CP would help Hayley with calls to a solicitor, housing, finances (income support.)

After this office visit CP made telephone calls with Hayley in one of the interview rooms to help Hayley as noted above. CP established that Hayley was

not eligible for crisis loan etc, CP arranged with Unit Coordinator for Hayley to be given £20, giving this to Hayley downstairs in a meeting room on the ground floor. While CP was doing this CSW asked Unit Coordinator to arrange a meeting with legal, which UC did. CSW meanwhile found a Group Manager and discussed options for Hayley and different contingencies.

There is obviously a high level of skill from the Consultant in working with Hayley. Yet what really marks this response out from that found in LA3 and LA3 is the way several workers collaborate to make progress on the case. The Unit Coordinator handles some administrative tasks. Indeed, as so often, their role is more than administration: they are more like a PA for the unit, sorting out all manner of things that need to be done in a busy social work office. The Child Practitioner gets on with some practical elements of the work, including arranging a payment as needed. This frees up the skilled and experienced Consultant to do the difficult piece of direct work and then discuss next steps with the Group Manager. This type of coordinated response – particularly to difficult cases or crises – was very typical of the work in LA1. Even good workers in LA2 and LA3 were not able to provide this type of response, because they would be doing all these tasks themselves.

Having presented observational data on the nature and quality of direct practice with children and families we now consider what social workers thought of their own direct practice, and then the views of parents who returned questionnaires.

Social worker reports of their own practice

During interviews, social workers were asked to rate various elements of their experience of practice on a 4 point scale (1=never, sometimes, often and always). (This element of data collection was only carried out in LA1 and LA2, as LA3 entered the study at a later point). The results are set out in Table 7.9. Workers in LA1 generally reported better relationships with parents and there were particularly significant differences in relation to levels of violence or aggression experienced by workers. This is consistent with the observational findings presented above.

Skills demonstrated in simulated interviews with actors

As described in Chapter 2, workers in LA1 and LA2 undertook “simulated interviews” with standardized case scenarios and actors. This has the advantage of providing a similar level of challenge for the skills of workers. In the counselling literature skills in simulated interviews are strongly correlated with those in interviews with clients (Miller and Mount, 2002). We have also found such a correlation in social work, as well as a relationship between skills in simulated interviews and engagement of parents in cases

(Forrester et al, forthcoming). Skills demonstrated in simulated interviews can therefore be a helpful indicator of genuine worker skills.

Table 7.9: Workers ratings of parental responses to them

	Local authority		<i>t</i> -test scores
	LA1	LA2	
	(n=36)	(n=25)	
	Mean	Mean	
Parents listen to what I have to say to them	3.74 (0.64)	3.88 (0.61)	<i>t</i> =0.84
Parents and I disagree	3.11 (0.51)	3.21 (0.42)	<i>t</i> =0.83
Parents are happy to see me	3.56 (0.77)	3.33 (0.70)	<i>t</i> =1.31
Parents behave aggressively towards me	2.11 (0.57)	2.54 (0.59)	<i>t</i> =2.85**
Parents do not turn up to meetings	2.91 (0.51)	2.96 (0.62)	<i>t</i> =0.31
Parents put my recommendations into practice	3.36 (0.49)	3.29 (0.55)	<i>t</i> =0.51
Parents threaten me verbally	1.97 (0.65)	2.38 (0.65)	<i>t</i> =2.38*
When I make recommendations to parents they respond negatively	2.58 (0.60)	2.50 (0.66)	<i>t</i> =0.51
Parents tell me the truth	3.35 (0.59)	3.13 (0.61)	<i>t</i> =1.45
Parents do not answer or return my phone calls	2.65 (0.72)	2.71 (0.55)	<i>t</i> =0.35
Parents do not let me into their homes	1.92 (0.60)	1.78 (0.67)	<i>t</i> =0.82
Parents talk to me about the issues they face	3.95 (0.47)	3.88 (0.80)	<i>t</i> =0.39
Parents threaten me physically	1.38 (0.49)	1.75 (0.61)	<i>t</i> =2.63*
Parents avoid talking about why I am working with them and their family	2.41 (0.76)	2.38 (0.82)	<i>t</i> =0.15
* <i>p</i> <.05 ** <i>p</i> <.01 *** <i>p</i> <.001 + <i>p</i> <.10			

The ratings scales for the simulated interviews were developed following a literature review and piloting of measures for reliability and practicality using data from a previous study. Half were double coded and high levels of inter-rater reliability were found (in excess of $r=0.7$ for all variables).

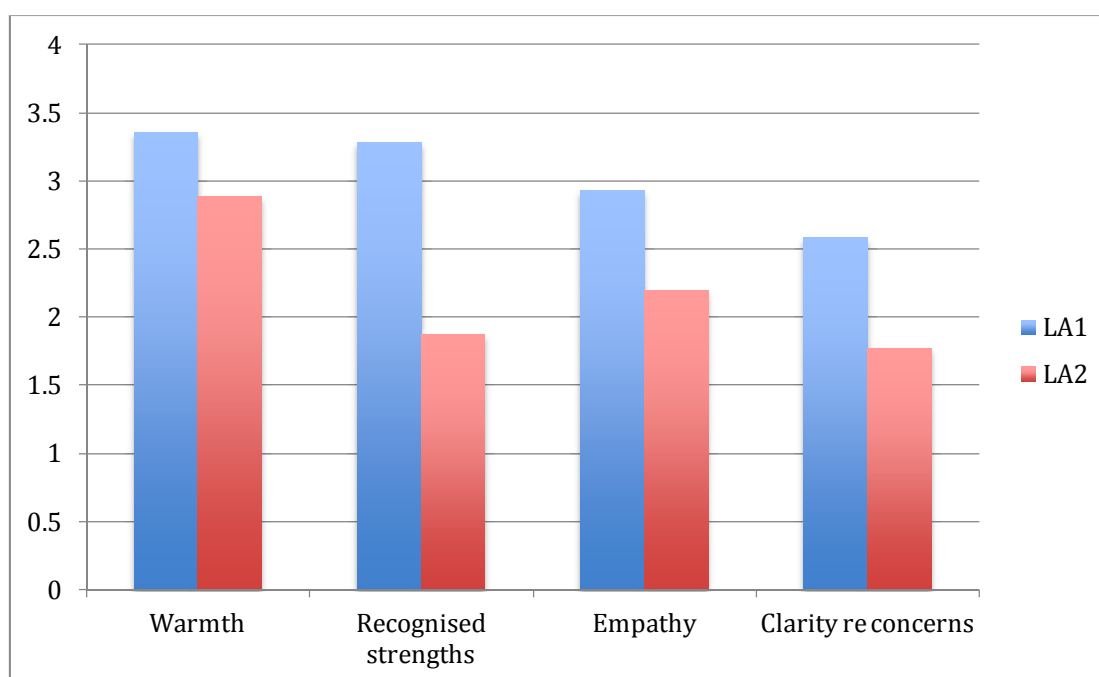
Following this approach we rated interviews for workers in LA1 (18) and LA2 (15) in relation to four attributes:

- Warmth
- Recognising strengths

- Empathy
- Clarity about concerns for child

There were significant differences ($p < 0.01$) on a 5 point scale (higher being greater) for all four variables suggesting that workers in LA1 were able to be both clearer (3.8 to 2.6) about concerns and simultaneously more empathic (2.9 to 2.2). The findings are set out in Graph 7.4.

Graph 7.4: Skills demonstrated in simulated interviews with actors (LA1 and LA2)



Parents Ratings of the Services Received

Table 7.10 sets out the ratings parents gave for the services that they received. Respondents were asked to rate how strongly they agreed with each statement on a 5 point scale from 1 (strongly disagree) through 3 (neither agree nor disagree) to 5 strongly agree. Scores under 3 are therefore negative, and over 3 are positive. Given the relatively small number of forms received LA2 and LA3 returns were combined.

For every question they differed in the same direction compared to LA1 suggesting some homogeneity in parental evaluations of conventional services compared to systemic unit model services. For every question LA1 received a more favourable rating and for most – indeed all those referring to the quality of the service - there were statistically significant differences. This tends to corroborate the observational data and the views of workers

themselves that the quality of the service provided in LA1 was higher than in the other authorities, though the numbers are limited.

Families were also asked if they wished to make any comments on social services. The comments were either too specific to a family or too general (e.g. “[worker’s name] is a star!!!”) for meaningful presentation, so it is the overall pattern of positive comments in LA1 compared to LA2 or LA3 that is important. In LA1 positive and negative comments were roughly equally common (5 positive, 6 negative and 2 unclear), while in LA2 there were 17 negative comments and only 7 positive, 4 were unclear. Level of agreement between workers and families

Table 7.10: Parental rating of the service received

Parents’ ratings for services:	LA1 mean (sd) n=24	LA2+LA3 mean (sd) n=41	t-test score
Our worker understands my family and our situation	3.83 (1.05)	3.07 (1.33)	$t=2.55^*$
Our worker talks to us respectfully	4.13 (1.04)	3.37 (1.30)	$t=2.44^*$
Social services are professional	3.88 (1.19)	3.10 (1.24)	$t=2.47^*$
Our worker turns up on time	4.17 (0.84)	3.05 (1.28)	$t=4.24^{***}$
Things have got better since our worker got involved	3.50 (1.18)	2.85 (1.37)	$t=1.93$
Our worker and I agree on the reasons for social work involvement	3.92 (0.88)	3.15 (1.33)	$t=2.80^{**}$
Overall I am pleased with the service from social services	3.79 (1.14)	3.15 (1.80)	$t=1.58$
I can talk to my social worker about my problems	3.88 (1.19)	3.02 (1.39)	$t=2.51^*$
Our worker has helped my family change for the better	3.33 (1.01)	2.85 (1.31)	$t=1.55$
I would recommend social services to a friend	3.54 (1.29)	2.66 (1.51)	$t=2.40^*$
Average score for service	3.67 (0.80)	3.10 (1.17)	$t=2.13^*$
$^* p < .05$ $^{**} p < .01$ $^{***} p < .001$ $^+ p < .10$			

Thus far we have considered direct work across the authorities. We turn now to examine assessment in the different authorities. Following discussion of observational

data on that we return to evidence from other sources in relation to the quality of practice and of assessments.

7.3 Assessments

It is difficult to evaluate assessments in social work – in part because intervention and assessment are so closely interlinked: workers quite rightly do not simply assess and then wait to see what happens. In this study in addition to the observational account of the processes of assessment and decision-making we also explored what workers thought of their assessments, what parents thought of the assessments and the degree of agreement between worker and parent about presenting issues in a family. This subsection therefore briefly reviews evidence previously presented from observational data in Chapter 4. The following section consider other elements of the data collected of relevance to evaluating assessments.

In Chapter 4 we described the processes of case discussion and decision-making in the systemic unit model compared to more conventional models. There are strong grounds for believing that the assessment and decision-making process in systemic units was likely to produce better assessments than more conventional approaches. The general decision-making literature in child protection identifies key mistakes in decision-making (see Munro, 2008; 2011a; Sheppard et al, 2001). Essentially, most of these occur when individuals form an opinion too swiftly about what is happening in a family and are no longer open to alternative hypotheses. Elements of the systemic unit model consistent with research and theory about what makes for good assessments were:

- The involvement of different individuals with families or children. This meant that assessments of risk were rarely reliant on one person's observations or opinions about a family;
- The unit discussion model was structured to encourage different perspectives and hypotheses to be developed and tested out. This reduced the likelihood of "premature closure" in making a decision about risk in a particular family;
- The particular roles of individuals contributed to this – with the voice of the Clinician providing a particularly important counter-weight to the Consultant. This militated against listening solely to one person's opinion;
- The systemic approach that under-girded this encouraged the formation of different hypotheses about what was happening in families, which again

contributed to an assessment process that was less likely to involve premature focus on a particular interpretation.

In contrast the conventional model relied very heavily on the qualities of the worker and their manager. As discussed in Chapter 4, where manager and worker were both functioning well this system seemed to work well most of the time. Where for whatever reason there were problems in relation to worker or manager, then decision-making could be compromised. The most common problem we observed was an absence of decision-making. This most commonly occurred when a manager was absent or stressed. However, it also occurred when worker or manager were not able to discuss a particular family or child due to the sheer number of cases allocated to a worker. There were many children who while allocated received very little active case discussion during our observations.

As a result, whatever the merits of hierarchical compared to unit decision-making when each was carried out well, the unit discussions seemed less likely to lead to poor decision-making processes because during the 6 months we observed all cases were discussed in-depth on a regular basis. In contrast we observed directly problems in assessments in LA2 and LA3. These included workers talking about families and children in care “drifting”. Even more commonly workers seemed anxious, feeling either that they were not providing a good service or that children were being left in risky situations with inadequate reflection and explicit decision-making about this. This was not an obvious feature of work in LA1; indeed, it seemed conspicuous by its absence given the challenging nature of the work.

Social worker reports of their own assessments

Assessment and decision making questions were on a 5 point scale (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree and 5=strongly agree). All questions were worded positively and the higher the score the more confident and supported the worker felt regarding their decision making. Findings are set out in Table 7.11. Workers in LA1 gave a higher score for every question and the overall average score per worker was significantly higher in LA1 (3.80) than LA2 (3.54), ($t=2.26$, $p<0.05$). These findings suggested workers were more satisfied with support for their assessments and confident in the decisions they made in LA1 compared to LA2.

Workers in LA1 seemed happier and more confident in their assessments. What did parents think?

Agreement between parents and workers on issues in families

One of the areas we wished to study was the degree of agreement between workers and families about the presence of problems. It is not always possible for workers and families to agree about the presence of an issue. Nonetheless in general an ability to arrive at an agreement about what the key issues are tends to be a foundation for effective work. In Table 7.12 we explored the correlation between the worker and family rating for the presence and seriousness of a problem in the family.

Table 7.11: Social worker ratings of confidence in their assessments

Decision Making Questions	LA1 mean (sd) n=36	LA2 mean (sd) n=24	t-test score
I am confident in the decisions I make	4.14 (0.42)	4.08 (0.72)	$t=0.34$
I receive adequate support from my manager/ supervisor to make decisions	4.22 (0.83)	4.04 (0.55)	$t=1.01$
I make decisions autonomously	3.44 (0.94)	3.35 (1.03)	$t=0.37$
I receive adequate time for reflection	3.39 (0.77)	3.13 (1.03)	$t=1.14$
I have enough time to make decisions	3.54 (0.61)	3.33 (0.76)	$t=1.17$
Other professionals opinions influence the decisions I make	3.92 (0.73)	3.38 (0.88)	$t=2.60^*$
I feel I have adequate resources at my disposal in order to make decisions	3.69 (0.75)	3.04 (1.08)	$t=2.57^*$
I feel the decisions I make are good decisions	4.03 (0.17)	4.00 (0.66)	$t=0.20$
Average score per worker	3.80 (0.31)	3.54 (0.49)	$t=2.26^*$
$^* p < .05$ $^{**} p < .01$ $^{***} p < .001$ $^+ p < .10$			

Table 7.12: Level of agreement between family and social worker on key issues in family (comparison of LA1 with other LAs)

Issues in the family:	LA1 Correlation score (n=26)	LA2+3 Correlation score (n=35)	z-score
Problems with housing	0.398	0.352	0.02
Not enough money	0.346	0.267	0.32
Child's disability	0.576	0.064	2.64**
Child's behaviour	0.471	0.334	0.6
Parent finding caring for a child difficult	0.635	0.060	2.52***
Parent with depression	0.390	0.574	-0.88
Parent with other mental health problems	0.668	0.289	1.86*
Parent drug use	0.666	0.420	1.3 ⁺
Parent alcohol use	0.610	0.380	1.13*
* $p < .05$ ** $p < .01$ *** $p < .001$ + $p < .10$			

The correlation between worker's rating of key issues in families and that of parents was compared for LA1 and the other LAs combined (insufficient returns for this to be done with the other LAs individually). Correlations were converted to z-scores. (A z-score is a measure of standard deviation, with a score of 1 = one standard deviation). The significance of the differences was then calculated. For eight of the nine areas LA1 had higher levels of agreement with families, five of these were over one standard deviation. Three were statistically significant and two had a trend toward significance. Overall, where families had returned a survey the workers and parents in LA1 had a higher level of agreement about the nature and seriousness of the issues in the families.

7.4 Summary

The first section of this chapter considered the nature of the cases that social workers were working with. There were some differences between authorities – for instance families in LA2 were reported to have fewer problems than the other authorities. Yet overall it was the similarities that were more striking than the differences. One difference that was worth noting was that fewer of the families allocated in LA1 had child protection plans, despite relatively similar levels of worker-identified problems and abuse.

The bulk of the chapter is focussed on describing and evaluating practice. Evaluating practice is complicated and challenging. What we have attempted to do is bring together data from four different sources to evaluate practice in systemic units compared to more conventional teams. These four sources were our observations of practice, simulated interviews (in LA1 and LA2), social worker's reports of their own satisfaction with practice and parental ratings of their service (again for LA1 and LA2). What is important in evaluating findings from these different sources is the degree to which they seemed to be consistent with one another.

Overall the findings suggested that:

- *Workers spent more time with clients in the systemic units:* Workers diary self-reports indicated more time with clients in LA1 than the authorities with conventional teams, though this was not statistically significant. However, the interaction of lower caseloads and more time spent with families meant each family was likely to be seeing two to three times more of workers in LA1. This was particularly marked in child in need cases, where families were having up to an average of four times more contact with workers. The findings from workers diaries was supported by parental questionnaires and worker reports of numbers of contacts between workers and families both of which found LA1 had almost twice as many contacts with families. This was also the impression from observational work.
- *Systemic units delivered a more consistently high quality of direct work than that we observed in LA2 and LA3. A particular marked difference was in the warmth of relationships between young people and parents and their workers:* Our observations of practice, particularly between LA1 and LA2, provided many examples of this. A particular issue was that for complex cases or families in acute crisis the unit had more ability to provide multiple inputs. This was a unique feature of unit working that appeared superior to even the best individual workers. Supportive evidence was provided in simulated interviews which found workers in LA1 had greater empathy and simultaneous ability to raise concerns compared to those interviewed in LA2. Social workers' in LA1 were more positive about their own practice and reported significantly less violence and aggression from clients than those in LA2. Parents rated the quality of the service that they had received significantly more highly in LA1 than the other authorities.
- *The process of assessments in systemic units suggested that they were likely to produce more consistently high quality assessments than more conventional approaches:* Support for this came from observations of the process of decision-making, which was more consistent with theories of effective decision-making in child protection and was enriched by the direct knowledge of families held by

multiple team members. This observational data was supported by social worker self-reports of how satisfied they were with their own assessments and the level of organisational support they had received for them. There was also significantly greater agreement between worker and parent about what the problems in families were, and achieving agreement is likely to be a key element of effective assessments.

Overall, the data points to a very positive picture of practice where Systemic Units were being used compared to more conventional teams. However, as emphasised throughout the report multiple factors may have influenced these findings.

Having presented all the findings from the data in this and the previous four chapters, the next chapter turns to synthesizing and evaluating the data. It also makes recommendations for policy and practice based on the findings.

8 Discussion and implications of findings

This chapter develops our theory of what the essential ingredients of the systemic unit model are, what the strengths and weaknesses of the approach are and what the implications are for policy, practice and future research. It has the following sections:

- Brief review of the strengths and limitations of the study
- Attempt to synthesise the data into a “model” for understanding what the systemic unit model consists of and the relationship between different elements of the approach
- Discussion of the findings, including strengths and limitations of the study, wider implications for Children’s Services and the key elements of the systemic unit model

The chapter finishes with a brief conclusion attempting to consider the specific contribution of the systemic unit approach to the differences identified in practice and experiences of practice.

8.1 Brief review of the strengths and limitations of the study

In Chapter 2 we outlined the main strengths and limitations of the study in some detail, and during the presentation of the findings we attempted to highlight areas where care should be taken in drawing conclusions from particular findings as we described them. Here we briefly highlight the key limitations and strengths of the study.

The study has two main limitations. The first is that only a limited amount of data was collected on the views of parents or children, and none directly looked at “outcomes”. The second is that in comparing the systemic unit model with practice in two other authorities the findings are heavily dependent on the nature of the authorities being studied. As outlined in depth above, both authorities experienced significant issues during the period of data collection that influenced almost every aspect of the study. It is therefore open to question how much the differences we did find were due to the systemic unit model and the degree to which they were due to other factors.

These two limitations of the study are in an important sense in direct opposition: the reason we did not focus more on child outcomes is because of the difficulty in ascribing the reason for any differences in “outcomes” to the systemic unit model. For instance, if we found that children in LA1 had fewer problems after 6 months than those in LA2 and LA3 it might be tempting to say that this is because of the systemic units. Yet it might be

because of all sorts of other factors – from which cases are allocated through to the quality of line managers. Indeed, a more complex finding such as children having higher levels of initial problems but greater improvements is quite a possible outcome, yet it would be difficult to interpret what this meant. If anything our findings have confirmed our belief that there are very complex reasons for differences in practice and outcomes between authorities; it is therefore difficult to imagine a wholly satisfactory way to compare outcomes across authorities. Instead the focus of this evaluation has therefore been to *describe* in depth and *understand* the key features of the systemic unit model. In doing so we feel we have learnt some lessons not only about the systemic unit model but also more generally about factors that shape effective practice in Children's Services as well as having a clearer picture of the nature of the systemic units.

8.2 Toward a description of the systemic unit model

The model we developed to understand systemic units started with a detailed description of practice, first in general and then in systemic units compared to conventional teams. The overall context for the work is important for understanding what social workers and other professionals were doing: in essence, Children's Services were dealing with very high levels of demand, with many families with serious problems and often in situations that other professionals had found impossible to work with. It is hard to over-state the difficulty involved in carrying out child and family social work.

Yet when the study turned to compare the different authorities, it was obvious that we were observing a very different type of practice in systemic units. As noted in chapter 7, we observed:

- More time spent with families and children
- High quality assessments
- Consistently high levels of skill in direct work with families
- An ability to be able to provide more intensive help for families – particularly at times of crisis or for families with complex problems

These qualitative observations were supported by data from every other source we used: social workers rated their work as involving better relationships with families, they demonstrated higher levels of skill in interviews with simulated clients and there was a higher level of agreement between workers and clients on the presenting issues in families. Overall, we are confident in concluding that practice within the systemic units model during the period of our study was notably and consistently of a very high standard.

The next stage was to understand why this was the case. Analysis of our observational data suggested 6 main differences between the systemic units and more conventional teams. These were:

- Shared allocation
- Case discussions
- Unit Coordinator
- Systemic model
- Skills Development
- Other roles (Consultant and Clinician particularly)

It is interesting to note that some elements of the systemic units model were found in other authorities. For instance, the Assessment team in LA3 was split into 3 smaller groups and these felt far more like the systemic units approach than any other conventional team. We return to discuss this below. There was also considerable variation between teams within more conventional authorities: there were some outstanding Team Managers or Deputy Team Managers and they created comparatively “safe” and supportive environments for social workers to practice. These produced the best practice in conventional contexts, though even here the organisation and delivery of practice felt qualitatively different to the systemic units model. For instance, there was less in-depth discussion of cases, generally less time spent with families and less capacity to respond to complex families or acute crises.

It is not possible definitively to disentangle the various elements of the systemic units approach as they are so closely inter-linked. Yet for us probably the most important innovation is shared allocation of cases in a small team. This necessitates group discussion and decision-making, and thereby creates a very different way of thinking about and delivering practice. The additional administrative support and use of a systemic approach then fit very well with this necessity for a shared approach to practice. The basing of Clinicians in the units also seemed important. Their clinical expertise provided an important source of different views, support for skills development and institutionalised debate and discussion within units in a way that seemed important.

Yet our analysis suggested that the features of the systemic units model were not solely a feature of the unit based way of working. Our observations suggested that broader organisational factors that were either independent of or indirectly related to systemic units were important in creating the environment that allowed the good practice identified in the units to happen. These included practical factors (such as sufficient

space, parking for workers, printers that worked) and the values of the organisation (such as whether the focus on child welfare or satisfying Ofsted dominated). These influenced the success of otherwise of the systemic units model.

Two further issues need consideration in understanding the systemic units model and whether it works, namely caseloads and workforce. Caseloads were considered in Chapter 4. It seems likely that effective delivery of practice in systemic units requires some control of the caseload of workers: in essence, systemic units are based on a more intensive way of working. This is not possible unless people have fewer cases. It is therefore clear that – in the absence of very significant investment in more staff - a specific management focus on controlling case load is required in order to make systemic units “work”. It is likely that this focus needs to precede the implementation of the model, and that certainly happened in LA1 prior to systemic units being implemented, and it needs to be sustained to allow the sort of intensive work envisaged within the systemic unit model. Simply reallocating current cases would not allow the more intensive work at the heart of the model to be carried out.

There is an obvious risk involved in any systematic focus on closing cases, and that is that children at risk will not receive a service. Two points need to be made in relation to this. The first and most important is that giving workers more cases than they can work with does not mean that children are protected or that families receive a high quality service. Throughout our observations we saw workers with more families than they could meaningfully work with. As a result, processes of prioritisation were carried out either formally in supervision or informally, for instance by the worker deciding which families they have the time to see. The advantage of a specific senior management focus on reducing caseloads is it is an explicit and shared objective (and therefore also a shared risk); the problem with simply over-loading workers is that they are effectively left to carry organisational risk. It is perhaps not surprising that in such a context workers exhibit very high levels of stress and anxiety.

The second issue is whether systemic units working itself reduces the caseload. The argument made by many respondents in LA1 is that the systemic units focus allows more intensive work to create change and more confident assessment in closing cases. The system itself therefore becomes self-sustaining. We certainly saw examples of both throughout our study. It nonetheless seems undeniable that strong management processes of filtering and controlling caseloads are also important. A systemic unit with a very high caseload would rapidly fail to deliver the type of high quality work identified. This re-emphasises the implications of our findings about organisational values and environment – namely that the systemic units model is not simply a reorganisation of teams into units. It requires a whole system move to a different way of working, and there are important implications for how senior managers deliver the support for units to carry out their work.

An issue we have not touched on in this report is that LA1 introduced their approach by requiring all staff to reapply for their jobs and this resulted in a very significant change in their workforce. This was perhaps reflected in some elements of our findings (such as a highly educationally qualified workforce). It is also very likely that it influenced other elements of our findings: creating new, exciting Consultant posts and having all staff reapply for jobs would be very likely to create a different workforce. It is possible that this influenced many of our findings, from the levels of job satisfaction and stress reported to the levels of skill we identified in workers.

Unfortunately, it is not possible to unpick the impact of this element of the systemic unit approach as it took place prior to our involvement. However, it is important to note that most of the workers interviewed in all three LAs had been in post for less than 4 years – the point at which the workforce changes were put in place. The position we observed was not one shortly after a new workforce arrived, but after there had been sufficient time for staff to come and go and for systemic units to be the “normal” way the service was delivered. It seems unlikely that on its own this process created the changes we observed. Our impression was that systemic unit working required workers of a high calibre, but that the workers on their own did not produce the qualitative differences in practice that we observed. Put another way, excellent workers in LA2 and LA3 were not delivering the quality of work we saw as standard in LA1.

Ultimately, perhaps the most important issue is the impact of the systemic unit way of working on practice and outcomes. In relation to this our findings were consistent. It is worth repeating them here in one place as ultimately it is the consistency of the findings that make for a convincing story about the nature of systemic units. Our findings were that in the systemic units:

- Workers were somewhat less stressed and anxious (particularly compared to LA3)
- Workers found their work more rewarding and enjoyable
- Social workers reported less violence and fewer threats from parents (than LA2)
- They had greater confidence in their assessments
- Workers spent more time with families each week and families spent 2 to 3 times more time with social workers
- Consultants had far more client contact time than Deputy Managers
- Workers had higher levels of communication skills in LA1 compared to LA2

- There was greater agreement about what key issues in families were for workers and parents
- Families were more positive about their workers and the service they received in LA1

Overall this provides a convincing picture of high quality practice, reduced administrative burden, stronger assessments and a more positive service experience for families.

8.3 Discussion of findings

Research considerations in evaluating Children's Services

One of the considerations arising from (and shaping) the study was just how difficult it is to evaluate Children's Services. The complexity of differences between authorities – shaped as they are by local need, policies and procedures, the skills and practice of managers and workers and myriad other factors – make describing and evaluating differences difficult. The findings also point to the great challenges involved in thinking about measuring outcomes.

One ideal for evaluation research is often considered to be the randomized controlled trial (see Forrester, 2012, Haynes et al, 2012, Medical Research Council, 2008). This method tightly defines a specified intervention and then compares a particular outcome for those randomly chosen to receive the service and those who are not. This powerful design eliminates many sources of potential bias: the only difference between the groups should be whether they received the intervention and therefore any difference in outcomes can be attributed as being due to the intervention. Leaving aside the heated debates about this method, it is clear that something like the systemic unit model – or other systematic approaches to changing practice – are not easily amenable to such an approach. Indeed, if anything our findings stand as testimony to this, for the systemic unit model is not simply the unit structure, it also requires a number of “macro” differences throughout the organisation. In other words the intervention being studied is not straightforward, it goes far beyond a specific “method” and includes systems, values, structures that interact to produce practice. An RCT or any other outcomes-focussed evaluative technique would struggle to do justice to such a range of influential factors.

Furthermore, it is not just the complexity of the reforms being studied that poses a challenge for evaluation, but also the range of outcomes that would be problematic. A classic RCT would have a tightly defined population (e.g. “women with depression”) and would offer a prescribed treatment (e.g. Cognitive Behavioural Therapy). In contrast, Children's Services work with an enormous range of issues – from sexual abuse, through

to housing problems; from troubled teenagers to concerns about unborn children. This makes measuring “outcomes” challenging. What “outcome” should be measured? Sometimes it might be possible to measure a reduction in incidents of abuse or neglect, but for others the focus of work may be improving the social circumstances of a family to ameliorate depression or helping address a child’s challenging behaviour.

A further key challenge is that evaluation of Children’s Services should focus not just on the quality and outcomes of work undertaken but also on what happens to families where work is *not* undertaken. A family not allocated a worker due to a decision to prioritise high risk cases, or a child who is allocated in theory but barely ever sees their worker, are just as legitimate foci for study as those who receive intensive input.

The in-depth observational study and multi-method approach we used was an attempt to allow us to explore some of this range of practice and the factors that shaped it. Ultimately, we think that understanding important innovations such as systemic units requires a more complex, multi-method and theory driven approach to the evaluation task. In this evaluation we have been influenced by theory of change approaches in evaluation (Rogers, et al, 2008; Rogers et al, 2011; Weiss, 1998; White, 2009), and in particular by systemic approaches to understanding complex organisations (Cross et al, 2010; Munro et al, 2012). As such this study is very far from the final word on “systemic units”, or indeed “Reclaiming Social Work” or similar attempts to reform Children’s Services. Rather we hope that this study has made a contribution by clarifying the nature of the changes involved in the systemic unit model, the expected differences in practice and possible impacts on outcomes for children and their families. As such it would be highly desirable to have further studies looking more specifically at particular elements of the impact of systemic units. This might involve the exploration of more specific context/mechanism/outcome combinations within a realistic evaluation approach (Pawson and Tilley, 1998; Pawson, 2013). Another important contribution would be to examine the partial implementation of the unit model in one or more local authorities. This would provide the opportunity for a quasi-experimental or possibly an experimental evaluation of outcomes. As such this study may be seen as making a contribution within the Medical Research Council recommendations for developing evaluation of complex interventions (Medical Research Council, 2008).

The discussion now turns to consider findings not specifically related to systemic units, before drawing some conclusions about systemic units as an approach to delivering Children’s Services.

General lessons for Children's Services: the not-so-secret seven

In researching differences between teams and workers within authorities, and between LA2 and LA3, a number of other key factors that influenced the quality of practice were identifiable. All of these we found in LA1 and some were inherent in the systemic units model, but they are likely to have had an independent positive impact on practice even in more conventional teams. We do not claim that these are in any way unexpected discoveries. It is nonetheless worth making them explicit as they impacted on much of what we observed. The seven key factors in supporting good practice we identified in analysing our data were:

- *Wider practical organisational support for Children's Services:* for example, providing adequate space, good IT systems and other practical supports for practice.
- *Strong administrative support:* social workers require good administrative support, and administrative support that is closer to a PA than a bureaucratic filer of forms is most appropriate to the social work role.
- *Small teams:* one of the key insights of the systemic unit model was that smaller teams work better. We found this across more conventional teams too.
- *High ratio of supervisors to staff:* with the complexity of the families that workers deal with, supervisors can only effectively manage a limited number of social workers. Adequate ratios of supervisors to staff were crucial for the organisation to work.
- *Recruitment of high quality staff:* it is beyond the scope of this study to evaluate this element of LA1, however the fact that workers in LA1 obtained higher scores in simulated interviews is likely in part to be due to recruitment of staff and may influence many other findings.
- *Limited workload:* social workers can only work effectively with a relatively small number of families. Allocating more than they can manage means that workers and managers formally or informally decide to prioritise some and give limited attention to others. Controlling caseloads – even if that involves making difficult decisions about only working with high priority families – is necessary to allow effective service delivery.

- *Articulating clear values:* one of the most impressive features of LA3 was that while the levels of stress and workload of the staff were exceptionally high at the time of the study, staff in general seemed highly motivated and committed to the welfare of the families they worked with. This was also true for some teams in LA2. Key to this seemed to be managerial articulation of clear values that put children's welfare first.

Our sense is that where these seven factors are present Children's Services would usually be delivering work of a high standard. All seven were present in LA1. Did they alone explain the positive practice we identified in LA1? We do not believe that this was the case, though it is not possible to be certain about this unless an authority with these factors present was compared to one with these factors plus systemic units. We felt that overall systemic units added considerable value beyond these basic features of good Children's Services, as outlined in the next section.

Specific key features of the systemic unit model

We outlined in Chapter 4 the six key features of the systemic unit model that made it distinctive. In describing the systemic units approach we have tried to bring together our key findings into a model (see Diagram 1). This model posits three key LA level factors that shape practice (general enabling conditions, specific enabling conditions and organisational values). It then highlights the importance of the 6 key elements of the systemic unit model and reduced caseloads at the level of the team/unit. These interact but they also exert separate positive influences on practice. Together these influence our primary findings: that workers in LA1 spent more time with children and families, that their work was more consistently of a high standard and that their assessments tended to be more in-depth and consistently thorough. These are then linked to some outcomes we have evidence for (namely that families' appreciated the service more, that there was greater agreement between worker and family on family needs and that there was less violence and aggression and better engagement of families and young people) and others that are hypotheses based on qualitative comments from workers or managers.

We felt that these core elements of the systemic units approach improved practice beyond the more general key factors of effective Children's Services outlined above. In particular, shared allocation required a radically different approach to delivering services. It meant that workers had to discuss cases constantly. It allowed specific inputs to be provided by particular workers. It created a "motor" that drove ongoing professional development through constant sharing and learning from one another. And when one considers the very challenging types of families being worked with, it seemed to make a lot of sense. Is it, in fact, sensible to expect social workers to work alone with

families with such complex problems and sometimes very challenging behaviour toward professionals?

The systemic approach seemed very well suited to shared allocation, as it provided a framework for both assessments and interventions with families. LA1's move to training and skills development that focussed on one particular approach has been criticised in theory, but in practice it seemed to provide a very helpful way of focussing shared working.

The roles within the unit all made important contributions, but the Consultant, Clinician and Unit Coordinator were particularly distinctive, and it is probably these roles that add particular value to the unit way of working. They help transform the unit from a small team of social workers to a more varied group able to provide a range of different types of help.

Conclusion

This evaluation began with a sceptical interest in the systemic unit model. It appeared promising, but experience with other innovations suggested that it was unlikely to be as impressive as its proponents believed. In this respect our findings suggested we were perhaps overly sceptical. The approach to work in LA1 is exceptional. This is perhaps best captured by a comment made by one of our researchers during analysis: "if we were starting child protection from scratch and comparing the LA1 approach and conventional Children's Services, there is no question that you would opt for the systemic unit model." As outlined above, there are several reasons for this but at the heart of it is joint allocation in small teams. Shared allocation also ensures that the unit is a genuine team with a shared purpose, rather than a group of workers each with their own cases.

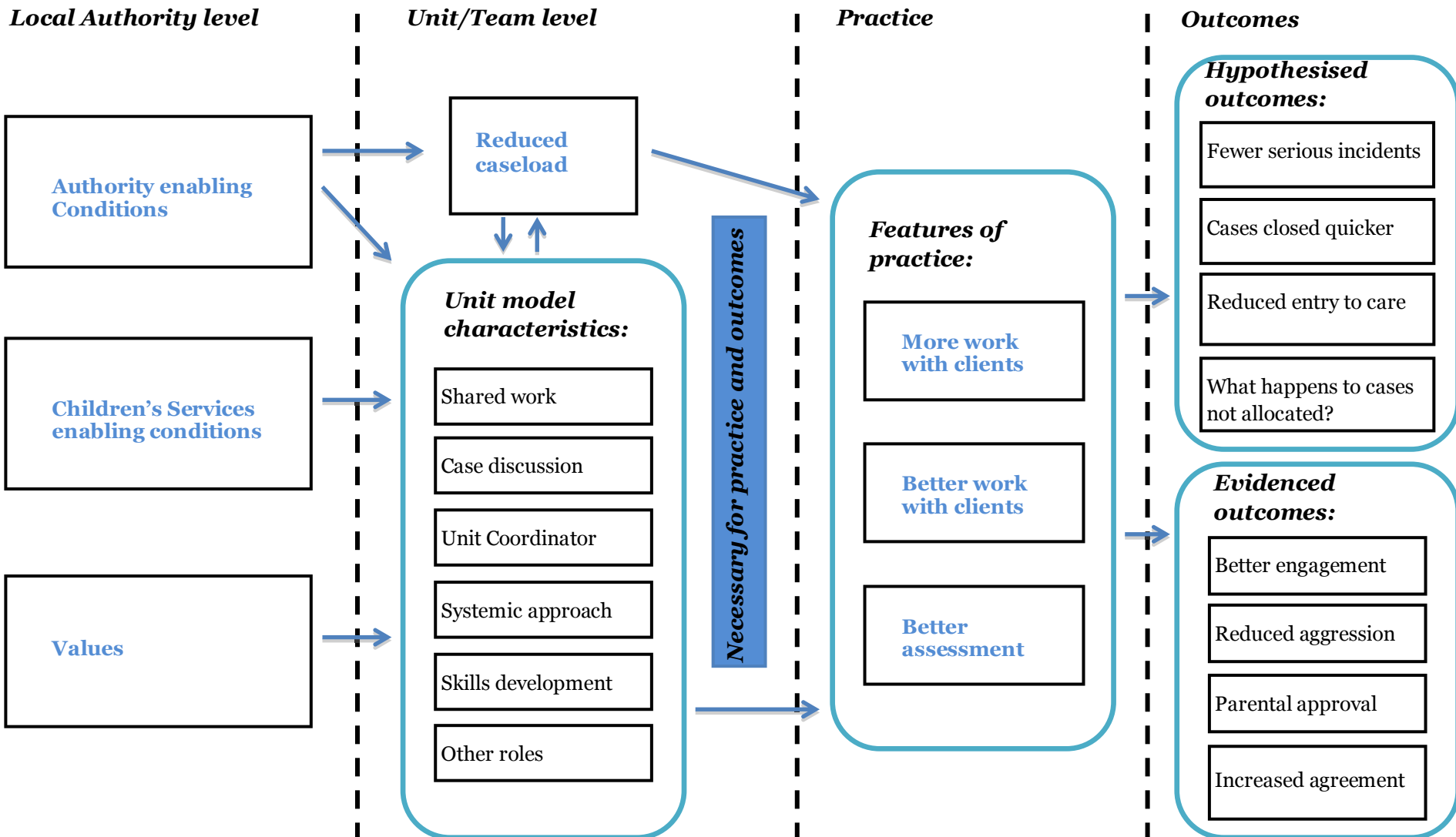
In contrast, the conventional hierarchical model operates in a linear way, like a chain of command from senior management to worker. This can work when each link is strong and well supported, for instance where the seven key requirements for effective Children's Services identified above are present. Yet it is essentially a "brittle" system; any weak links caused by personality or circumstance are likely to lead to breakdowns in assessment and work. Such a system may appear easier to manage, but it is particularly vulnerable to failure – ironically the very thing which Children's Services seek to avoid as it can have such disastrous consequences. It is possible that such an approach worked when it was created in the 1960s and 1970s, but our study suggests serious questions about whether it is appropriate for the very high levels of need and risk found in almost all families worked with in contemporary social work.

Ultimately, however, perhaps what is most important about the systemic unit model is not the model itself. Rather, it is the fact that it opens up a different way of delivering

Children's Services. In doing so, it allows us to question some of the fundamental assumptions that have tended to pervade the way services are organised and run in the UK and many other countries, such as the almost universal tendency to allocate families to individual workers and the rarity with which Children's Services specify and then support the intervention methods they think workers should be using. When developing the approach the originators – Steve Goodman and Isabelle Trowler – started off by asking some relatively simple questions such as: “How do we want our social workers to help people?” and “How should the organisation support workers to do these things?” This evaluation suggests that the systemic unit model is an innovative and effective way of developing a service that addresses such questions.

Yet the most important impact of the development of systemic units may not be the particular approach developed and evaluated here. Rather, it may be the opportunity to return to fundamental questions about how Children's Services should be organised and managed. The systemic unit model allows us to re-imagine the delivery of services in fundamentally different ways. As such, it opens up the opportunity not just to decide whether systemic units are better or worse than more conventional teams, but to think and debate more deeply about what is needed to allow social workers and other professionals to deliver Children's Services in an effective and humane way. We hope that this evaluation may contribute to such debates

Figure 9.1: How the systemic unit model works



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